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	で単元品を入り	110 C	TY OR TOWN OF DEATH		PITAL, NURSING HOM		ER INSTITUTION	12a USUAL OC	CUPATION (TO	YPE OF WORK	126 KIND OF BI	USINESS
	STA MAN		altimore	2555 Sea	amon Ave.			1 Elect	WORKING LIFE)	N		
	5 SEE 1	USU/	TATE 1 136 COUN	OR OTHER INSTITUTION, GI	130 CITY OR TOWN	(ION)	13d. INSIDE CLEY LIMITS?	13e. STREET ADI	OPESS			
	2120	1	naryland -		Baltimore		YES NO	2555	Seam	on A	ve, 21	225
	0 20 -	14. Fz	ATHER'S NAME				15 MOTHER'S MAID	EN NAME				
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1	NO N	160	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRES	\$ 110	1011301	stand
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	EXECUTED NG" IN PICAL EXAVIATION, OF WATION,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BIST NOT BELATED TO THE TER	MINA) DISCASS	OR CONDITION CIVEN IN BA	DOT 1				
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., FR. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. "ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W R: PAGE 3 SHOULD BE USED AS A BURIAL. "TRANSIT PERMIT." HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z		COMMISSION OF SEATH	DOT NOT KEENTED TO THE TER	MINAL DISEASE	OK CONDITION GIVEN IN PA	VKI 110:				
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	S HE S		22a I certify that I took charg	ge of the remains des	cribed abave, held an	Autaps	y X Inspectio	n L, Inqu	iry	and in my ap	pinion	
	WE REPLAN	1	death resulted from: Natur	ral causes X	Accident, S	vicide,	Homicide	Undetermined	manner			
	PIER AND		A.	()	2		TITLE (SPECIFY)					
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			(TYPE OR PRINT) Ani	n M. Dixor	M.D.		ADDRESS 111 F	Penn St.	, Balto)., MD	21201	
	5385FB	23a.B	URIAL, CREMATION, REMOVAL	13b DATE	23c. NAME OF CE	METERY OF	CREMATORY	23d LOCATION	N	. COU	INTY S	STATE
	/84 BP		BURIAL	415/86	mount	LAW	n Cemeter		on h	tills	YA.	
25	M DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS		21	239 250. DATE	REC'D. BY REGIST	RAR 256 REC	GISTRAR'S	SIGNATURE	
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noy be poge 3	(TYP)	Jessi	e L.	Adkins	310	3/86 HPmm				
you god	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
ector rs off	1	Male	Black	MONTH DAY YEAR	60 YRS	MONTHS DAYS HOURS MIN.				
Pogo Pogo		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNTY OF DEATH					
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 C	ITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR				
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IMORE or execution and compares. The medico		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 279_76	CURITY NO. 17 INFORMANT	14: 11000 Q 1	0				
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SECOND SE	CERTIFICATION	190 DATE OF OPERATION /	196. COMDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?				
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0 E 0 0 0 0		22b. SIGNATURE	or view the body offer death.	DEGREE		224. DATE SIGNED				
ITAL O by the BRAL DI detoch in If H		11, 8	roohen	Meddex ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/86				
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TO HOSPITAL (TO FUNERAL II should be deto with the Store E		IV. Brooki	ins - Reddi	XMA Sivia	Hospita	al				
	23a 8	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
BP		Durial	3-7-86	jarnson Forest Ve	it Owings Mi	Ills Hd				
DHMH - 16 50M 4/83	24 FI	UNERAL DIRECTOR	ADDRESS	250 DAT	E REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE				
(VRA 15, 4)	LIV	Illiam C. Marc	h 1-, H. West	4300 Walach Hue MI	1 5 1986 Silva	Dando 10				

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGLENE

l,	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYGO ICATE OF DEATH	REG. N	10.	
1		CEASED NAME FIRST JO OR PRINT)	HN LOUI	LUUIS / 1/	AHERN err	3/25/	(10	\$6 925 M
/		Male	White	5 DATE O	5 DAY 23 YEA 15	6 AGE (IN VEARS LAST BE	70 MONTHS DA	EAR IF UNDER 24 HRS
5	Î	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHA	MARRIEI WIDOWE	DIVORCED 🗆	150,41	imore City	MD.
2	1	TY OR TOWN OF DEATH Baltimore	Villa St.	PITAL, NURSING HOME OF ILITY, GIVE STREET ADDRESS) Michael Nu	rother institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	OF WORKING LIFE) INDUST	D OF BUSINESS OR RY Ki Cab
6	The S	AL RESIDENCE (IF NURSING HOME OR STATE 135 COUN Maryland Howa	ITY 13c	residence before admission) CITY OR TOWN Dlumbia	YES NO X		/ ZIP CODE preland Gar	th 21045
d	7	Alfred		hern	15 MOTHER'S MAIDEN NAM FIRST Julia	WIDDLE		Geary
2	- 10	VAS DECEASED EVER IN U.S. AR Y NO OR UNKNOWN) (IF YES GIV WW	E WAR OR DATES)	SOCIAL SECURITY NO. 212-03-1556	Mary Louise	Mazzuca i		29, MU . 21043
	NOI	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	ON CLUDING	NAL DISEASE OR CON		ROXIMATE INTERVAL FEN ONSET AND GEATH
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	IDINGS USED SES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		URY MONTH DAY YEAR 19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART T OR PART	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	JURY ACTORY OFFICE FARM, ETC.)	PI LOCATION STREET	CITY OR TO	YINUO) NWC	STATE
7		220 I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 170 SIGN ATURE 224 PHYSICIAN'S NAME (TYPEO TASIN CETT)	view the body ofter	deoth. 19, on	d that in (my) (our) opinion of DEGREE M) 272 ADDRESS 7270 Rule	MEDICAL STA MEDICAL PHYSIC HEYELLS	FF D	-, that (h (we) last the couses stated ATE IGNED 2/208
	(,	iurial, cremation, removal specifyi Burial	3/27/86	6 New cat	emetery or crematory hedral Cemeter	23d LOFATION CITY OF TOWN Balti	imore	Maryland
	24 FL	LEXBYREMER & Russ 1630 Edmondson	ell C. Wiz Avenue, Car	tzke Funeral tonsville, M	Homes P. A. RAY. D. 21228	RECD. BY REGISTRAN	25) REGISTRAR'S SIGN	NATURE - Anglesse

DHMH - 16 60M 7/B4 (VRA 15, 4)



BALTO MD 21236

(VRA 15, 4)

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STATE OF MARYLAND

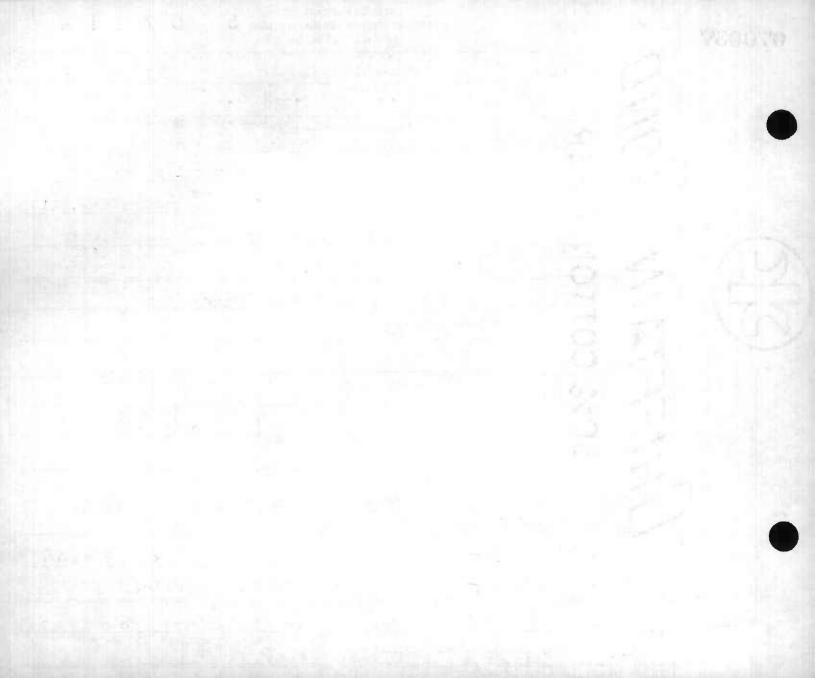
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

FOR

(VRA 15, 4)



1721-27 N. MONROE ST.

PHILLIPS

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STATE OF MARYLAND

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hos bee t permit tene prio	4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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spitol or CTOR. Af for use of Health			22 a.1 certify that (I) (this hasping saw the deceased alive on	01/1	01	nd that in (my) (aur) opinion	death occurred on the date of	. 19 that (I) (we) lost and hour and from the couses stated
AL OK A the house AL DIRE detached ate Dept.			226. SIGNATURE PURCH	ap			MEDICAL STAFF DIRECTOR PHYSICIAN	271 DATE SIGNED
etoined by TO FUNER should be a with the Sti	1		HARI K BI	HASIN MI)		606 HAM	MONDS LANE	BALTO MD 21225
BP			BULLAL BULLAL	3-13-86	230 NAME OF Chu	rch CeH	MONTGOMERY	- COUNTY Alabama

DHMH - 16 60M 7/84

ERAL DIRECTOR

150. DATE REC.D. BY REGISTRAR 75% REGISTRAR'S SIGNATURE

11. ADDRESS MAR 10 1986

11. ADDRESS MAR 10 1986

15. DATE REC.D. BY REGISTRAR'S SIGNATURE

16. DATE REC.D. BY REGISTRAR'S SIG 24 FUNERAL DIRECTOR (VRA 15, 4)

11 15 1 150

BALTTHURE 126. KIND OF BUSINESS OR INDUSTRY CITY 13e.STREET ADDRESS / ZIP. CODE APPROXIMATE INTERVAL ESUPHAGUS & LARYNUX WITH METASTASES ABOUT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR PART 2) COUNTY STATE 3-16 1986, and that in 14 (aur) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HOSPITAL Burial 3/21/86 Garrison Forest Vet. Owings Mills, Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY RECISTRARY REGISTRAR'S SIGNATURE Wm C March F/H West 4300 Wabash Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26 HOUR

8:40 PM

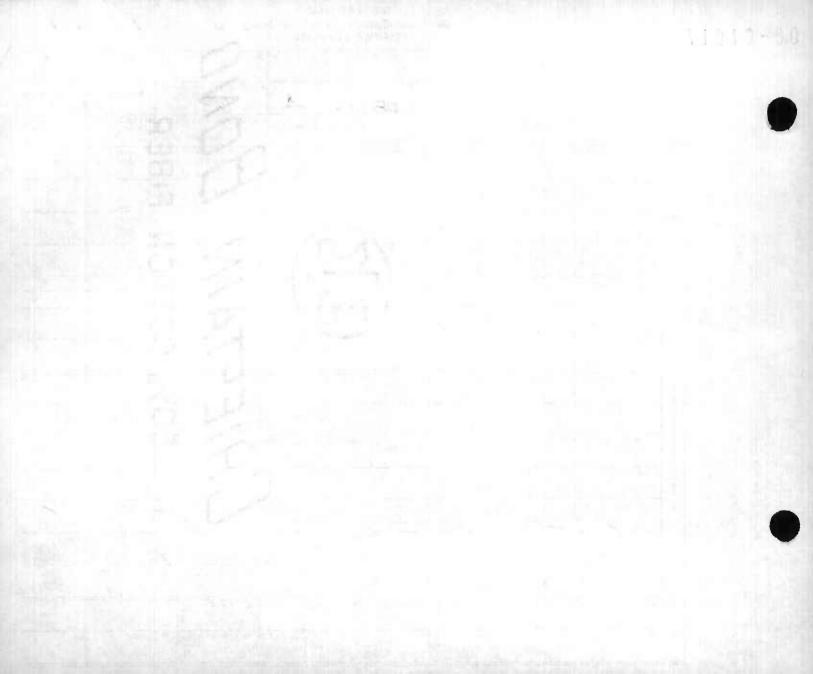
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IF UNDER 1 YEAR

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DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR



4517 PARK HEIGHTS AVENUE

(VRA 15, 4)

LEWIS T. GWYNN

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5316 M. EG. U. J. 2215

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3/12/36 ABURE ESTELLER, HUMBARS (NOTE) 13.

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within 24 hours after

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

						REG. NO.						
	ECEASED NAME FIRST	MID	DLE		AST	20 DATE OF DEATH MO	NTH	DAY YEAR	2b. HO	UR		
1	Ronald	L	. A	llen		March 14,	198	36	11:	25P		
3. SI	EX 4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	AY)	IF UNDER I YEAR	IF UNDE			
	Male	Blac	k	11	23 54	31	YRS	MONTHS DATS	HOURS	MIN,		
14-8	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WE	HAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH						
	West Virginia	/ U.S.		WIDOWE	DIVORCED	Baltimore City ME						
1	Baltimore		SPITAL, NURSINI ACILITY, GIVE STREET A 10 Gener		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING LI	12b. KIND C INDUSTRY	F BUSIN	ESS OR		
	and the same of th	-			ospital	Correction O	TT.					
130.	JAL RESIDENCE (# NURSING HOW OR OT STATE Maryland	13	Baltimor	N		1305 Harwoo	d A	ve.Apt.	B11	21239		
14 F	ATHER'S NAME FIRST MIC	DDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	ī			
		-	Allen		Ruth			Carr				
	WAS DECEASED EVER IN U.S. ARME	/AR OR DATES)	SOCIAL SECU		17. INFORMANT	ADDRESS						
	NO		232-88-7	7982	Henry W. Al	len 330 Highl	and	Avenue				
	18 CAUSE OF DEATH (Enter anly							APPROXI BETWEEN				
	PART I. DEATH WAS CAUSED IMMEDIATE		espirato	ry F	ailure			Six :	Days	3		
	500		S A CONSEQUE	NCE OF			-					
	Canditians, if any, which	Pr.	neumocys	stis	Carinii Pneu	monia		Two	Week	S		
	gove rise to immediate cause (0), stating the	0)										
		TRED IN	is a conseque	fici	ency Syndrom	е		Three	Mon	tha		
	PART 2 OTHER SIGNIFICANT CO	100					ION GIV	/EN IN PART 1	,			
NO.						With District On Control		21-11-11-11				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 26	b. IF YE	S, WERE FINDIN	IGS USE	D		
THE STATE OF		100				YES IN NO		FYING CAUSES	NO [TH?		
W W	210. ACCIDENT WAS UNDERLYING	216. TIME OF I			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18.	PART I OR PART 2)				
¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DA	Y YEAR	The state of the s							
MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY	19	211 LOCATION					_		
¥	WHILE NOT WHILE	(AT HOME STREET	FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR TOWN		COUNTY		STATE		
	220 I certify that A) (this haspital	Cattonded the	dosposad from	March	1 8 10 86	march 1	4	10 86	. V			
	saw the deceased alive on abave. A (we) (did) (AAAA)			86 ar	nd that in (ne) (aur) apinian o		and hav		that Au (couses st	(we) lost		
	226. SIGNATURE	/	rer dedri		DEGREE			22c DAJE				
1	Jan - 1/	lech	Hes	10	ALD, ATTENDING PHYSICIAN	MEDICAL STAFF	A	3/1	7/0	6		
1	224. PHYSICIAN'S NAME (TYPE ORP	RINT)	11	11	22e ADDRESS		4	1	10			
	HUANG.	15000	7-100	71	c/o Marylan	nd General H	osp:	ital				
	BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE		
	BÜRTAL	3/19/86	Ba	ltimo	re Cemetery	Baltimor	e,	M	d.			
	FUNERAL DIRECTOR	1 77 100	ADDRESS			E REC'D BY REGISTRAD 256.	EGIST	IRM SIGNAT	CAR D	ACC.		
	Arch Funeral Home	1101	Fact No.	ath A	MI INDIA	AK I I ESCO	سلمانك و	1 the roll of the	2			

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

15 - 15 DATE

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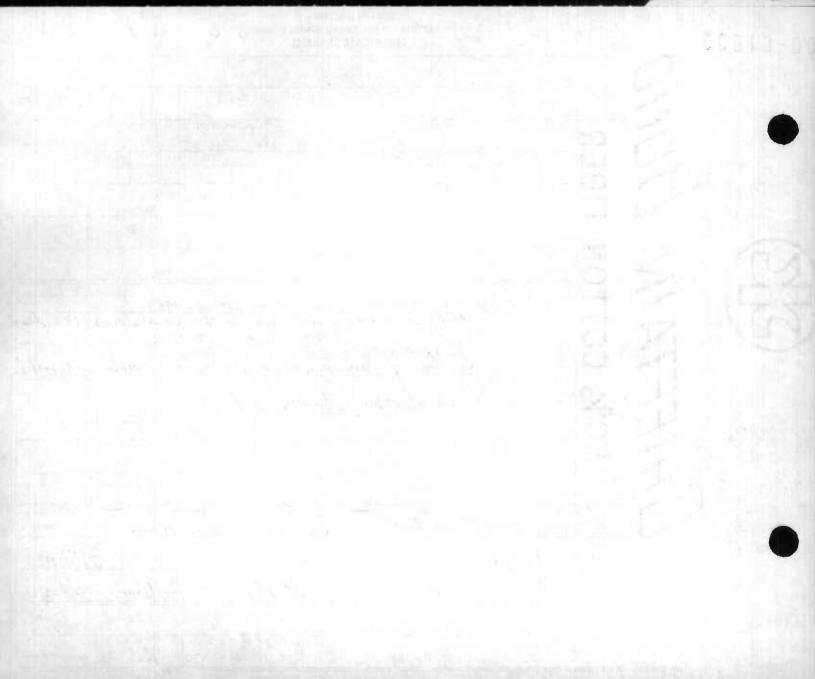
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m.e		CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
dept		Henry		Alsto		March 16, 19	
or. p	3. SE				OF BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ours o		Male	Black		3 13 27	59 yrs.	
72 ho	(IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
the think		aryland	U.S.A.	NURSING HOME		BALTIMORE CITY	12b. KIND OF BUSINESS OR
13 44		BALTIMORE	UNION MEM	IVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
	JSU	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)		LONGSHOREMAN	
国 述		Maryland 136 COU		timore	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 3305 Elmley Av	
-		ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
SDE	1	Henry A		ton	Eunice	Cha	plin
S 00 /	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	<u> </u>
Pog		YES NOOR UNKNOWN) (IF YES GIV		-28-3668	Bernice Als	ton 3305 Elmley	Avenue
hen please remove o buriol, crematio jury, ar other trou	NO	Conditions, if any, which gove rise to immediate cause iol. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR ASPECTO	TSERVENCE SEPT TRICULAR INGTO DEATH BUT ALLOL VAS	ARRHYTHOUAS;	MYOCARDIALS NONSLISTAINED VENTS INALDISEASE OR CONDITION GIVE	
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ss the buriol-tronsit permit. The hond Mental Hygiene prior the hond Mental Hygiene prior thinked or them 18 shows any injurked or them.	MEDICAL CERTIFICATI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	N WAS PERFORMED 21c HOW INJURY OCCURI 21f LOCATION STREET	20a AUTÓPSY? 20b IF YES NO NO NO YES	YING CAUSES OF DEATH?
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AL DIRECTOR: After this certifical enough of the point of the of the buriol-trought of the Dept. of Health and Mental II. If them 21 is marked or them 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFE ETHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 220.1 certify that this hosp sow the deceased alive an above, (1) (we) (did (did no 22b. SIGNATURE	21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR) atol) ottended the deceosed	TH DAY YEAR 19 7, OFFICE, FARM ETC.) d from 19 25 4, or	21f LOCATION STREET 19 10 that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 206 IF YE. YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STATE
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RAL DIRECTOR: After this certifical editoched for use os the burnol-tro State Dept. of Health and Mental H.NT: If hem 21 is marked or hem 18	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IJE EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTWHILE AT WORK 220. I certify that (TIT this hosp sow the deceased alive an above, (1) (we) (did (did no 22b. SIGNATURE) 22d. PHYSIC S NAME (TYPE C	216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT MOME STREET FACTOR) attol) ottended the deceosed att view the body after deat TAULS MD RERINT) TARE//	d from 19 25 , office, FARM ETC.) d from 20 23c NAME OF C	211. LOCATION STREET 211. LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN 222. ADDRESS 22 ADDRESS EMETERY OR CREMATORY ON Forest VA	200 AUTOPSY? 200 IF YES YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 F CITY OR TOWN TO MEDICAL DIRECTOR PHYSICIAN 4234 LOCATION 200 AUTOPSY? 200 AUTOP	COUNTY STATE COUNTY STATE 19, that (1) (we) last and from the causes stated 22c, DATE SIGNED 22c, DATE SIGNED 3/17/86 Male Male SIATE Md.



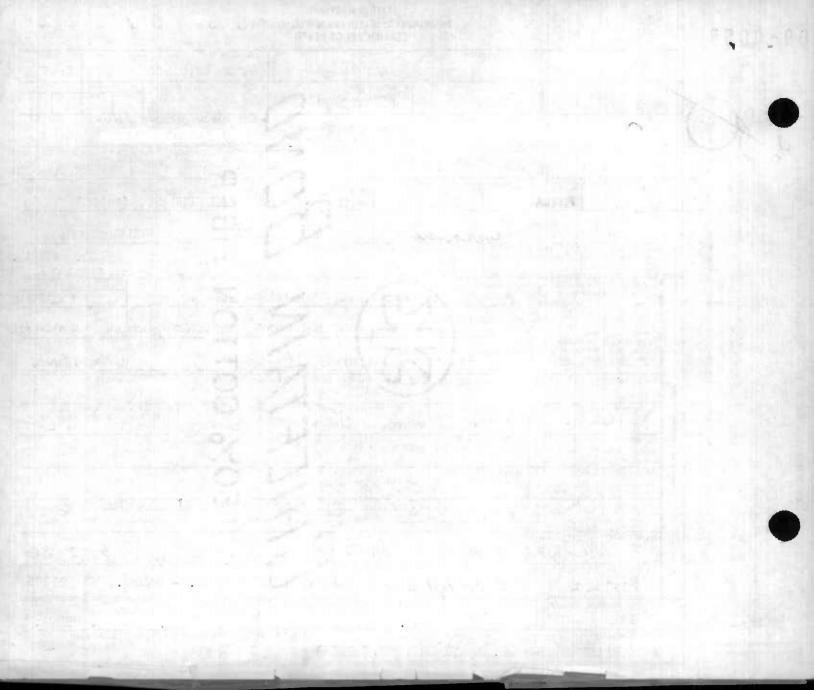
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STATE OF MARYLAND



			STATE OF MARYLAND		2 5 0 2			
00 01010	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	0 0	1223			
00-01013	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR			
ay be a death death	(TYPE OR PRINT) REBECCI	A K	ALTSHULER	MARCH 23, 1986	4:50 P			
may b	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS			
urs offi	FEMALE	WHITE	OCT. 5, 1916 YEAR	\$5 69 YRS. MONTHS DAYS HOURS				
neral di	MARYLAND	76 CITIZEN OF WHAT COUNTRY USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH MD.			
	BALTIMORE	JOHNS HOPKINS	HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER			
	MARY LAND BALTO	OTHER INSTITUTION GIVE RESIDENCE BEFORE 131 CITY OR TO PIKESVI	RE ADMISSION) WAY LLE YES NO NO	18 WARREN PARK	DR. APT. B2(2120			
Og Ogiete	14. FATHER'S NAME AARON	MIDDLE KURTZW	ILE IS. MOTHER'S MAIDEN NA	ME MIDDLE	UNKNOWN			
WORE,	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC VE WAR OR DATES)	PORERT ALTSHI	JLER 3318 OLD POS	T DR. (21208)			
Trifficate by physicial ph		ily one cause per line far (a), (b), o D BY: TE CAUSE (o). Acute		my amest	3 MINUTES			
death ce ave carb	Conditions, if any, which	DUE TO, OR AS A CONSEO	femerie, Acul	e denal Fanla	rea DAYS			
that the d by me ease rem	couse (a), stating the underlying cause last	DUE TO, OR A CONSEQ	vence of ung	Reument DI	- I year			
Then plants of injury.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 100			
TALRECO	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH? NO			
NG PHYSICIAN The lottending physicion. Ifter this certifican has so the build-transit pethod Mental Hyguesed or Item 18 shaws.	OR COLUMN THE COLUMN TO	HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)			
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by the hosp by the hosp LERAL DIREC State Dept of ANT: If them	22b. SIGNATURE	my grens	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/23/86			
O HOSPITAL etained by th TO FUNERAL should be det with the Stoff MAPORTANT: I		wwy, enf b		others topkins				
BP	230 BURIAL, CREMATION, REMOVAL	3/25/86 A	NSHE EMUNA CONG.	BALTO., BALTO				
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTSOL LEV T 6010 REISTERSTON	INSON & BROS ADDRESS ON RD. BALTO., N	ID. (21215) 250. DA	R 2 7 1986 Julia J	RAR'S SIGNATURE			

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NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	3. SE		4 RACE	5. DATE (DAY	YEAR	6 AGE (IN YEA			IF UNDE	R 24 HRS.	20 DAT		MÓI	NTH C	PAY YEAR	2d HOL	
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NO N		aryland		1	USA WIDOWED DIVORCED Baltimore Cit								ty					
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S S S S S S S S S S S S S S S S S S S		TR. CAUSE O	F DEATH (Enter on	ly ane cau	se per line (or (a), (b),	and (c).)									APPROXIMAT	E INTERVAL	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 34 HO RRITHON STRING THE WOOD PENDING" IN PERCIL INTERNATIONAL THE WORD PENDING" IN PERCIL INTERNATION OF THE WORD AS A BURIAL - TRANSIT FERM EDEPARAMENT OF HEALTH AND MENTAL HYGERE OF PROPERTY OF PERMIT OF		PARTIDE	ATH WAS CAUSEI	E CAUSE	(o)		Narc	otism	1-1-1									
ST ALCONO				(DU	E TO, OR	AS A CON	SEQUENCE C)F					150				- 1	
REAL PRESENT	1		ns, if any, which se to immediate		(b)													
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	5	AT WORK	NOT WHILE X	DX	Hous		c.,	1700	W. F	ayette	St.	CITT OR I	Ba	ltimo	re,	laryland	STATE	
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SEA SHORE	7/				9,0							THE END		31	01420=			
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. CAFIER DEATH, WITH THE ST. BAFIER DEATH, WITH THE ST. BAFIER DEATH, WITH THE ST.	4	EXAMINER'S (TYPE OR PRI		n M. I	Dixon	, M.D).		ADDRESS_	111 I	Penn	St.,I	Balto	., M	D 2	1201		
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00 0039	P.	REGISTRAR	ME	DICAL EXAM	NER'S	CERTIFICATE	F DEATH REG.	NO.
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
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P. P.EASE DIRECTOR, NU FILES. TN STREET.	3. SE	X 4 RACE	S. DATE OF BIRTH	YEAR LAST BIR	HDAY) MONI		24 HRS. 2c DATE MIN. PRONOUNCED	MONTH DAY YEAR 2d. HOUR
	I	В	11 2	15 70	YRS.	THOURS HOURS	DEAD	3 14 186 al:4
AND	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8 MARR	RIED NEVER MARR	IED 9 BALTIMORE CITY	OR COUNTY OF DEATH
ASSES TO	1	/A.	U.S.			VED DIVOR		1410
(2 TO 1 1)	10 €	ITY OR TOWN OF DEATH		PITAL, NURSING HO		HER INSTITUTION		TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
AN HAN		Baltimore		ltimore G		Hospital	LÄÜNDRY	ER
E 200 300		AL RESIDENCE (IF IN NURSING HOW TATE 13b COL		113c CITY OR TOWN	1	134 INSIDE CITY LIMITS?	13e SIREEJ ADDRESS	
S 2500 T	21	MARLAND —		BALTIMO	RE	YES X NO	13e SIREU ADDRESS 516 BRIDGEV	TIEW RD. 21225
E, MD. ATH. IF SS 1, 2, PM 3. VITAL	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAID	MIDDLE	LAST
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ON SERVICE AND SER	160.	WAS DECEASED EVER IN U.S. A (ES, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT	ADDRE	/ / / /)
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		18. CAUSE OF DEATH (Enter I	ED BV					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	3	WHILE AT WORK AT WORK		TONT, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
IR: THI VIE, W DRWA PR: PA(E STA) ID, 213		22a I certify that I took cha	rge of the remains des	ofibed abave, held as	Autop	sy . Inspectio	n . Inquiry X.	and in my opinian
ANE ACT A		^	unal causes [X]	Accident .	Suicide	Homicide .	Undetermined manner	,
EXAN CERT ULD B DIRE WARN		100.	107	A. U.	hi	TITLE (SPECIFY)		
AL HOUSE		SIGNATURE ALLEU	way	min 1	1/11	Assistan	MEDICAL EXAMINER	DATE SIGNED 3/14/86
DEA SP	1	EYAMINED'S NAME -		//				
TO MEDICAL EXAMINER: TI EXECUTE THE CRETIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST			ennis F. S	smyth, M.D	•	ADDRESS 111	Penn St.	Balto.MD.
X07749	23a.B	URIAL, CREMATION, REMOVAL		230 NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP	24.5	BURTAL	3-18-86	EASTV	EW	las s	BALTIMORE	MARYLAND
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS				REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
(VR A15 ME (5))		WM.C.MARCH F/H	INC. 1101	E. NORTH	AVENU	E MAI	R 1 8 1986 France	- Marian

DEPARTMENT OF HEALTH AND MENTAL HYGSENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01532 REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN TYPE OR PRINTI ESTI-Melvin DEATH MATED XX H. Amick ID 3 TO THE FUNERAL DIRECTOR.
TAIN PAGE 5 FOR YOUR FILES.
ULD BEFEILED, WITHIN 72 HOURS.
DRDS, ZOI W. PREFTON STREET, To 86 3 SEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 7:14 male DEAD 19 86 white TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! 30 WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! 3510 Cliftmont Avenue Upholster Baltimore USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY Tac CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3510 Clifton Balt. NO [Baltimore 14 FATHER'S NAME MIDDLE 15 MOTHER'S MAIDEN NAME Charles LAST LAST Anna Davis Amick 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT THE SOCIAL SECURITY NO. **ADDRESS** 21157 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ves 503 Morelock 212-12-73964 Schoo CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STATIMORE, MARYLAND, 2 Inspection XX 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted fro Natural carts Homicide L Undetermined manner TITLE (SPECIFY) 3-15-86 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE "cremation 3/19/86 Carroll Cremation carrol 07/84 Hampstead 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Westminster **DHMH - 17** was Davidson 412Washington (VR A15 ME (5))

STATE OF MARYLAND

0-00/300	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 3 6	072	2 /
		EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	10.1.00
y be		LOUIS		AND	erson	5 - JA 14	3 11 86	
ge 4 may be ector, page 3 ors after death	3. SE	male	RACE B	S DATE O		6. AGE (IN YEARS LAST BIRT	YRS DAY	YS HOURS MIN.
in 72 hours du		OUNTRY) S, C.	US A	MARRIE WIDOWE		BALTIMORE CITY OF	R COUNTY OF DEATH	MD.
by the full with	6	ALTIMORE		STREET ADDRESS)	N MED CRISA	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTE	D OF BUSINESS OR RY
AND 215	13a. S	nd -	TY 13c. CITY O		13d. INSIDE CITY LIMITS? YES NO 🗌	130 STREET ADDRESS / 713 WICKL	1 000	2/22
mARYL ted withi ampletely 1 and 2 si		William -	andre andre	rson	15. MOTHER'S MAIDEN NA FIRST Florence	MIDDLE	Irke	LAST 2.8
be execution and early seed on and early seed on the s		(AS DECEASED EVER IN U.S. AR/ ES NO OR UNKNOWN) (IF YES, GIVE VES	WAR OR DATES) 166 SOCIA	51275	Enily and	lerson 71	13 Wickle	OW Rd. ROXIMATE INTERVAL EN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal. In and Mental By shows any injury, or other traumatic event, the medical examiner must be harmoned as them.		PART I. DEATH WAS CAUSEL IMMEDIATION Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	SEQUENCE OF SEQUENCE OF	ACARDIAL IN		DITION GIVEN IN PART	No
VITAL RECORDS Na. The low required bysicion. Icote has been significant between the Hygiene prior tol. 18 shows ony injury	CERTIFICATION	SOAMOUS (196 CONDITION FOR V	7 175	MIA- N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERE FINING CAUS	
ON OF VITA TYSICIAN: The senting physicid burnol-tronsit Mental Hygin and the last senting	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART 2	ž)
DIVISION ING PHYSI r attending After this ce as the burn ith and Mer	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	271	STREET	CITY OR TOV		STATE
DR ATTEND haspital or heaf for use tept of Hea		22a I certify that (1) (this hospit saw the deceased alive on above, (1) (we) [did) [did not 22b. SIGNATURE	3-11	19_ <u>\$10</u> , or	d that in (my) (our) opinion			the couses stated
0 4 0 0 5	1	22d. PHYSICIAN'S NAME (TYPE OF	Decher	ma	ATTENDING PHYSICIAN [MEDICAL STAF	F 1 2	-11-86
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State (IMPORTANT: If		P. BE	CKER		VETERANS AS		TR BAUTI	MORE
BP	(Burial Burial	3-17-86	Garris.		23d LOCATION CITY OF TOWN OWINGS	Mills	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	WI	MERAL DIRECTOR MAME MAME MARCH MA	F. H. West	Press 4300 W	1111	AR 1 / 1086	w 5 m	-Alandore

- STATE

(VRA 15, 4)

REGISTRAR

E. Anderson NH Administrator 13e STREET ADDRESS / ZIP CODE 3605 Hillsdale Road 21207 17. INFORMANT Mr. Harry Anderson Jr. Baltimore, MD. 21207 month CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 06 and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 120 S Grene St, Bultimere Mel. Baltimore 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, MD. 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

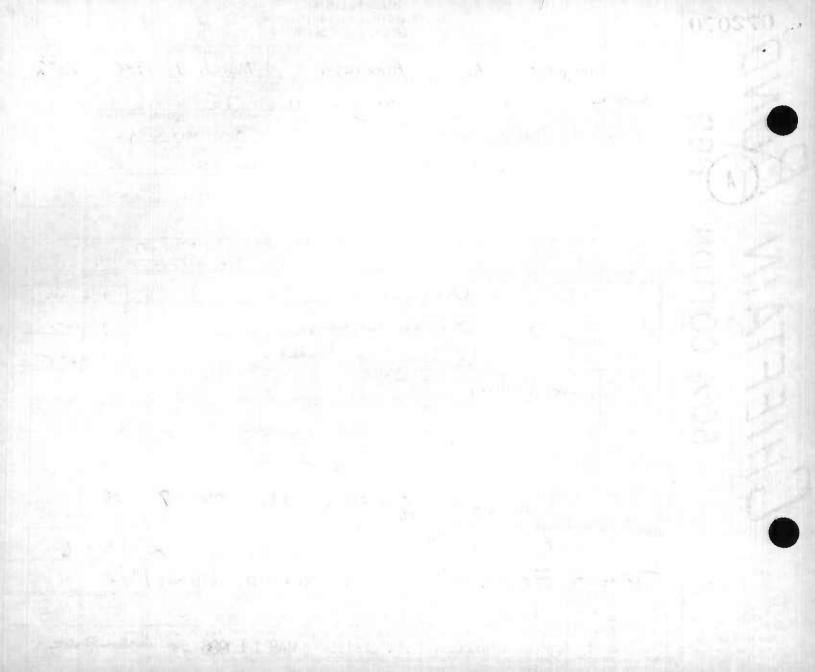
CERTIFICATE OF DEATH

REG. NO

1986

17h KIND OF BUSINESS OR

INDUSTRY



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 5 0	07229
I	1 DECEASED NAME FIRST	MIDDLE	(AS1	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
1	(TYPE OR PRINT) MAD	GE S.	ANDREW		3 -	9 - 86 9:30 Pm
I	3 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	MONTH 2	10 97	89 YR	MONTHS DAYS HOURS MIN.
	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY OR COU	
	W. Virginia	U.S.	MARRIE	D NEVER MARRIED	BALTIMORE C	CITY MD.
9	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	BALTIMORE	(IF NOT IN SUCH FACILITY, UNION MED	MORIAL HOS	PITAL	Homemaker	vg life) INDUSTRY
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li I	Md.	Ba	alto.	YES NO		Hill Rd. 21218
H	14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
4	Burr T. Sarbe			Nannie	М.	Bellar
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT		21 Kenleigh Rd.
	No	212	-10-9054	Mr. John	Andrew Balte	o., Md
3	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	D 014			4 -1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MMEDIA	TE CAUSE 10) Card	io-Pulm	nonary t	rrest	immediate
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	Conditions, if any, which	(b) Cong	restive	Heart 1	-ailure	10 daxs
	cause 101, stoting the underlying cause lost	DUE TO, OR AS A C	ONSEQUENCE OF	nal Fail	ure	5 days
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	o Asp	iration	Fraci		ght Hip	
7	ASP 190 DATE OF OPERATION 3-1-86 210. ACCIDENT WAS UNDERLYING	Fractu	RWHICH OPERATION			PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING		ONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 21
	OR CONTRIBUTING CAUSE OF DE	ALITY DE	28 19	Fractu	red Right h.	ip 20 to Fall
	OR CONTRIBUTING TO CAUSE OF DE CIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJUI		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	MHILE NOT WHILE ALL WORK	Home		1,4325 Mar		Balt. MD
	220-1 certify that (1) (this hasp	_ ~ / 0	ed from 3/1	186 19 86	to 3/9/	19.86 that (1) (we) last
	saw the deceased olive or above, (1) (we) (did) (did no	3 9	19 6, at	nd that in (my) (our) apiniar	death occurred on the date and	hour and from the causes stated
	The Signature	/	1 2	DEGREE		22c. DATE SIGNEL.
	you a	erne	SU N	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/86
	PHYSICIAN'S NAME (TYPE		icki	22e ADDRESS		
	rerer o				MORIAL HOSPITAL	k.
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Removal	3/10/86		Ter a	To accide any project participation of	
	24 FUNERAL DIRECTOR NAME A natom	y Bard	ADDRESS Balto	o., Md. MA	R 1 4 1986	SISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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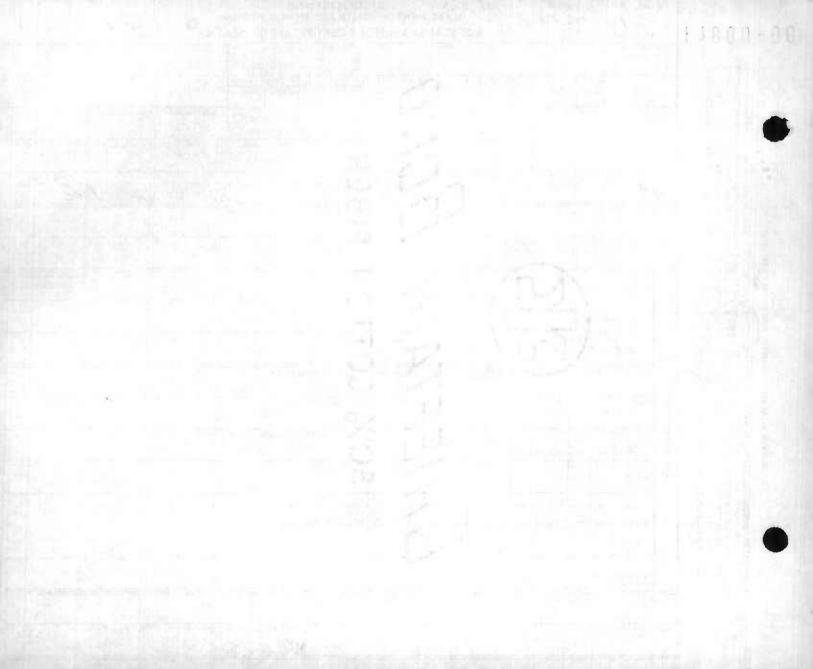
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S N	D THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS. (3.20) W. PRESTON STREET,	10. CI		N OF DEATH	11. NAME OF HOSE						20. USUAL OC		(TYPE OF WO	ORK 12b. K	IND OF E	MD. BUSINESS
DELAY	PAGE 5 BE FILED.		Baltin	ore	University						FOR MOST OF	WORKING LIFE)			OR INDUS	IRY
21201 ANY DE	A 3. RETAIN PA 2 SHOULD BE 7 JAI RECORDS.	USUA 13a S		E (IF IN NURSING HOME C 13b COUN	OR OTHER INSTITUTION, GIV		OR TOWN	ON)	13d. INSIDE CITY A	MMITS? 13	3. STREET AD	DRESS	Han	o F	11/2	1215
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, BALTIMORE, MD.	4 tr -	160 V	VAS DECEAS	ED EVER IN U.S. AR	MED FORCES?		IAL SECURIT		17. INFORMAL	NT		ADDŖ	ESS			11-7-
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DIVISION OF VITAL RECORDS.	STA PER	z	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITION GI	IVEN IN PART 1	1 (0).					
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- 1	EMPES.		death resu	lted from: Natur	ral causes X.	Accident	L, Su	icide .	, Hamicide	e .	Undetermine	d monner	_],			
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3	THE SEA		SIGNATUR			1	700	M.	DASSI	Stant	MEDICALE	XAMINER	SIC	GNED	31.1	700
MEI	EXECUTE THE CERTHE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALLIMORE, MARTIA		(TYPE OR PE	S NAME GT	egory R. I	Kauff	man, M	.D.	ADDRESS	11	ll Penr	st.	WILL	4		
5	PAGE AFTE	23a. B	PECIFY)	ATION, REMOVAL 1	311141186		IAME OF CEA	AETERY OF	RCREMATORY	Y	23d. LOCATIO	N		COUNTY		STATE
07/84 B 25M	3P	24 FI	JNERAL DIRI	emoval	DilTanoc]25a	DATE REC	C'D. BY REGIS	TRAR 25b R	EGISTRAF	'S SIGNA	TURE	
	DHMH - 17 (R A15 ME (5))		MAME	natomy E	Board ADDRESS	F	Balto	, Mo		R21	1000	Eq.	h it.	· 70.	F 6	



Volume 1211 August 1211

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Richard J. W. Amthone Elizabeth Walters

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Form W. Janeine & suns Us. 19 d York Fold Balts., No. 21218

WM. C. March Funeral Home 1101 E. North Ave. MAR

(VRA 15, 4)

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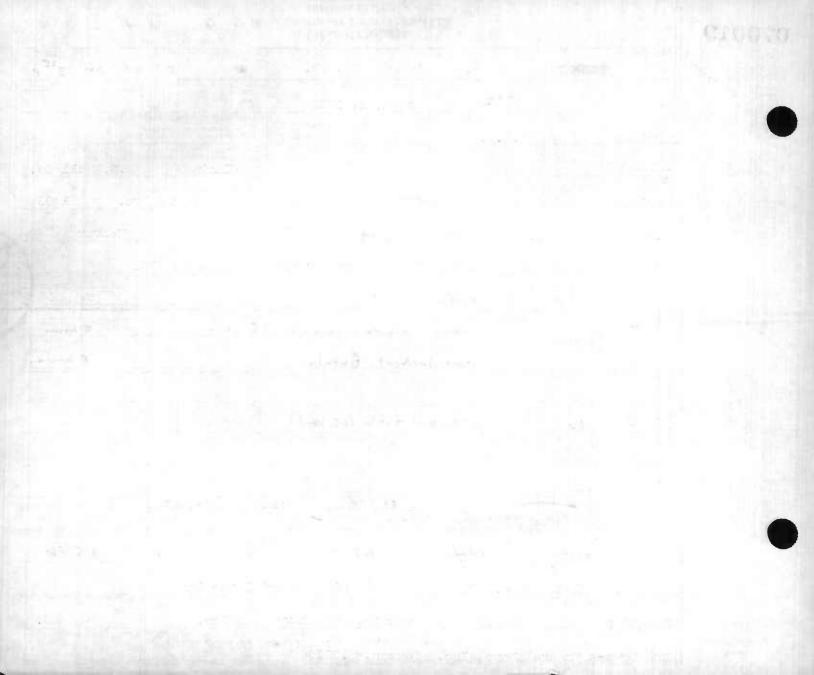
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIF	ICAIL	OF DEATH	R	EG. NO.				
1 DECEASED NAME FIRST	N	AIDDLE	l l	AST		20 DATE OF DE		DAY	YEAR	2b. HO	UR
(TYPE OR PRINT) GEORGE		Ε.	ARMSTRO	ONG	, JR.	20-	03	05	86	2	25
1 SEX	4 RACE		5 DATE C			6 AGE TINYEARS		IF UND	ER I YEAR	IF UNDE	R 24 HRS
Male	White		MONTH		DAY YEAR	60		MON1H5	DATS	HOURS	MIN.
1			Sept.	1,	1925	60	YRS				
BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNT	MARRIEI	NE NE	VER MARRIED	9 BALTIMORE	_		EATH		
Maryland	U.S.A.		WIDOWE		DIVORCED	BALTIMO	ORE CIT	Y			MD.
M CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NU		OR OTHER	RINSTITUTION	17a USUAL OCC			KIND O	F BUSIN	ESS OR
BALTIMORE	UNION	MEMORI.	AL HOSP	ITAL		Cler			S.Ab	ell	Co.
USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION										
an coo	imore	Luther		YES T	IDE CITY LIMITS?	13e STREET ADD	ress / zip cc Towson			210	103
Maryland Balt	INOTE	Lucher	viite	_	THER'S MAIDEN NA	1	TOWSOIL	Ave.	-	210	193
FIRST	MIDDLE	LAST		13.1110	FIRST		DDLE	113	LAS		
George	E.		trong,s		Carrie		ADDRESS	We	eave	r	
160 WAS DECEASED EVER IN U.S. AL	VE WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFO	DRMANT		ADDRESS				
Yes WW	II	212-20	-7875	Mar	y Armstro	ng - Sam	e as #1	3e			
CAUSE OF DEATH (Enter o	nly ane cause per	line far (a), (b	, and ic					100	APPROXI BETWEEN	MATE INT	RVAL D DE ATH
PART I. DEATH WAS CAUSI		curdiac	arrest	-					3	o m	~
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gove rise to immediate	(b)	anemia	probable	is my	jocardial i	the fair C took			9	Mari	
cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSE		A						> 1	
	(c)		(uodena)	115	tula				0	1000	~ ·
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RE	LATED TO THE TERA	MINAL DISEASE OF	CONDITION	GIVEN IN	PART 10	1	
190 DATE OF OPERATION 03 - 05 - 86 210. ACCIDENT WAS UNDERLYING											
190 DATE OF OPERATION			TICH OPERATIO			200 AUTOPSY		YES, WER			
03-05-86	a	ortoduode	enal fish	la (C	I bleed)	YES NO		YES		NO	
210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c HC	W INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM I	8 PART 1 OF	R PART 2)		
OR CONTRIBUTING CAUSE OF DE	AIII		DAT TEAK								
(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	21e PLACE C	OF INJURY		211 LO	CATION						
NOT WHILE	(AT HOME STRE	EET, FACTORY OFF	FICE FARM ETC)		STREET	CIT	YORTOWN	CC	VINIV		STATE
			om 03	04	67	h	3.05		,		
220.1 certify that (1) (this hasp			01		19		1	. 19 9		, ,	(we) last
saw the deceased alive or obove, (I) (was (did) (did no	of view the bady	after death			r (my; 201) opinian	death accurred on	the date and h				
276 SIGNATURE	Λ	A. /		DEGREE	ATTENIDALO	MEDICAL	CTAFF	27	C DATE	SIGNED	
[Christop	u C.	My	* THE C.	Pa)	PHYSICIAN [MEDICAL DIRECTOR F	STAFF PHYSICIAN		3/	5/8,	6
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e AD	DRESS						
Dr. Christon	her C N	/lix		Un	ion Memor	rial Hosp	ital				
730. BURIAL CREMATION, REMOVAL			23c NAME OF C		OR CREMATORY	173d LOCATIO					
SPECIFY)						CITY OR TO	NWN	COUN	ITY		STATE Md.
Cremation 24 FUNERAL DIRECTOR	3-8-86				rematory	Balto TE REC'D. BY REGIS		PETID ATTI	CICNIAT		ıa.
NAME			1050 Yo		111	7 1000	13 mario	WALLEY S	MANUAL	UKE	
Ruck Towson Funer	cal Home	. Inc.	Towson	Md.	21204	1 HOU	7/				

DHMH - 16 60M 7/84 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR									_
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SEX.	4 RACE		I conver	o F DIOTIL		March 23		IF UNDER 1 YEAR	IF UNDER 24 HR
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BIRTHPLACE (STATE ON FOREIGN		SA	8 MARRIE WIDOWE	D NEVER A	VORCED	9. BALTIMORE CITY Baltimo			٨
CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC Mary	HOSPITAL, NURSIN H FACILITY, GIVE STREET Land Gene	address)			120. USUAL OCCUPA (TYPE OF WORK FOR MOST DOMEST	TION	12b. KIND (OF BUSINESS C
MARYLAND 136 CO		BALTIM		13d INSIDE C	ITY LIMITS?	2525 MCC	ZIP CODE ULLOC	H ST.	21217
FATHER'S NAME UNKNWON	WIDDLE	LAST		LENA	S MAIDEN NAM FIRST	WIDDLE	3 15	Tİ	MBERS
WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDI			
NO	0.10 1.11 0.1 0.1.123	220-30-	-1048	JO.	HN W.	BERRY 25	25 MC	CULLO	CH ST.
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	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO E	ENCE OF ENCE OF	oscleros	SIS				
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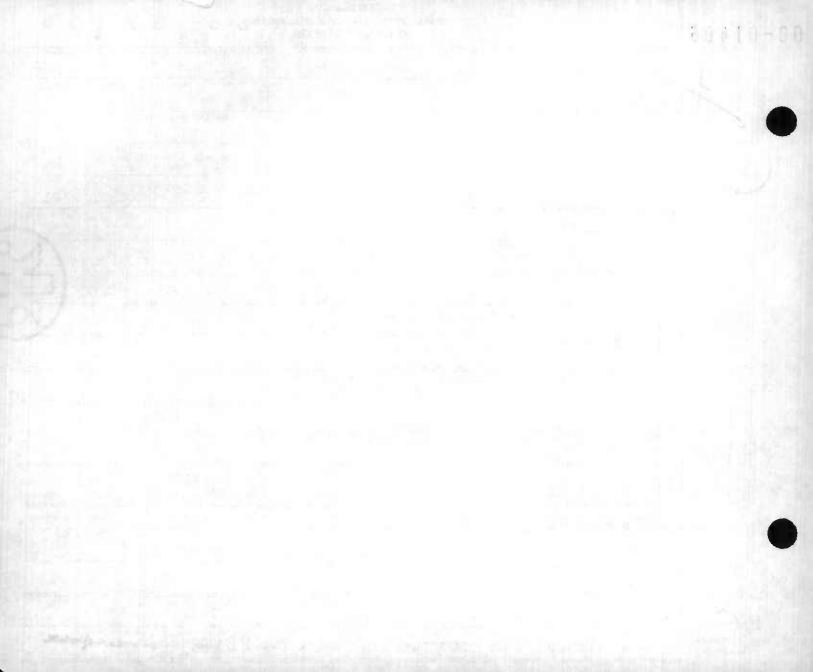
DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

ottending physician.

WM.C. MARCH F/H INC. 1101 E. NORTH AVE.

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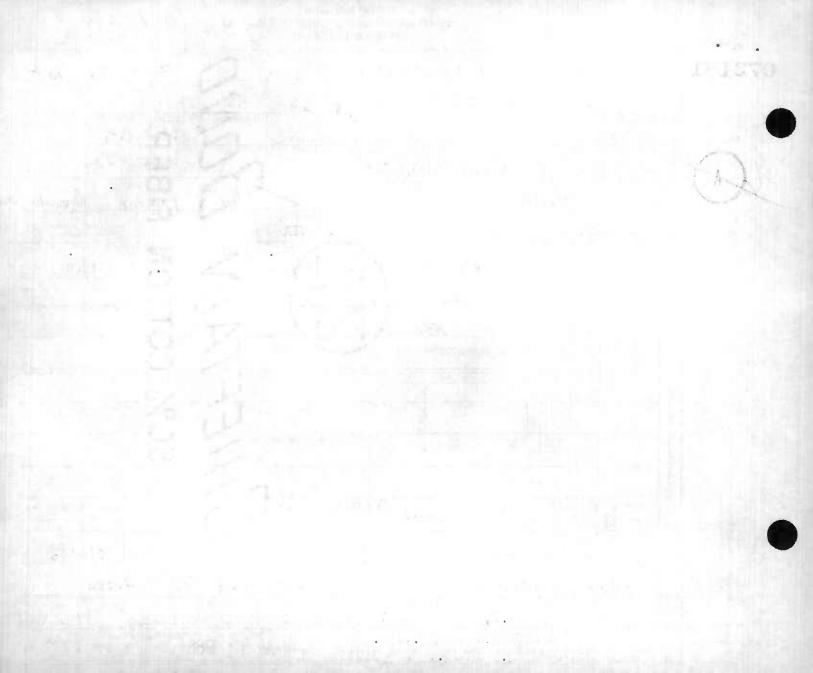
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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7		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
		CEASED NAME	FIRST	,	MIDDLE	1	A51	20 D	DATE OF DEATH MONTH	DAY	YEAR	26 HOL	
	(TYPE	OR PRINT)	Leor	1		Ba	iley		31	1 4	186	11	48 a m
	3. SEX			4. RACE		5. DATE C		6. AC	GE (IN YEARS LAST BIRTHDAY)	IF U	INDER I YEAR	IF UNDER	R 24 HRS
		male		blac	h	MONTH 5	1 19 / LO	30	75	RS.	DATS	HOURS	win.
4	7a BIF	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8	C verse verse l	9. BA	ALTIMORE CITY OR COL		DEATH		1001
	,c	U.S.		().5.	WIDOWE	D NEVER MARRIED		Ballimore	2 (it-		MD.
1		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION DE OF WORK FOR MOST OF WORK		126. KIND O INDUSTRY		
6	USUA 130. S	L RESIDENCE (IF NURS TATE	13b COU		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS YES NO		STREET ADDRESS / ZIP (2 2	121	5
i	14 FA	THER'S NAME		MIDDLE	AASY		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	,	
)	1	Alilliam		D	an: Test		SppAh		MIDDLE	net	UA		
		AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		#6	1/2/	2
	- 14	ES. NO OR UNKNOWN)	(IF YES, GI	/E WAR OR DATES)	216-01-	0637	mrs wes	1	3303 JAI	1ex	Rd		15.0
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	aly one couse per D BY: TE CAUSE (a)	line for (0), (b), one		crest			7	BETWEEN	MATE INTE	
		Conditions, if ony,			RAS A CONSEQUE	Shock	e (probab	le p	verition; Lis	.)	(o hr	-5
	10	gove rise to immoduse (o), static underlying couse	ig the	DUE TO, O	RAS A CONSEQUE	ence of	colon (a c	e liv	rer mets		8	ma	5
	N O	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONDITION	N GIVEN	IN PART 1	D	4
/	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				VERE FINDING CAUSES		TH?
7		218. ACCIDENT WAS UNI	CAUSE OF DE	AIB	OF INJURY .M. MONTH DA	AY YEAR	216 HOW INJURY OCC	CURRED	ENTER NATURE OF INJURY IN 178	M IS PART	I OR PART 2)		l a
	MEDICAL	21d. INJURY OCCUR	HILE		OF INJURY REET, FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	Sin	CITY OR TOWN		COUNTY		STATE
		220. I certify that (I) sow the de- above (I (we))				86,01		B La	to 3 (4)	, 19. d hour or	86 nd Irom the		
		226 SIGNATURE	1.	PN	-		DEGREE ATTENDING PHYSICIAN	IG ME	EDICAL STAFF RECTOR PHYSICIAN	4	3/4	1 -	
		22d. PHYSICIAN'S N.	AME (TYPE	1		772	22e. ADDRESS						
		Kichn	ione	JP. A	llan			- 1	ital of B	all	ima	re	
		SURIAL, CREMATION,	REMOVAL	238 DATE		NAME OF C	EMETERY OR CREMATO	ORY 2	3d LOCATION CHY OR TOWN	· ·	OUNTY	,	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 FUNERAL DIRECTOR -ynen+

250 DATE REC'D. BY REGISTRAR' 251, REGISTRAR'S SIGNATURE



		Film G615 it m 8	1000		E OF MARYLAND				
0-02091	1.	FOR STATE 5/1/86 rja REGISTRAR	DEP		ICATE OF DEATH	REG. NO	0 7	7 2	42
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1 11 /	133.00	REGIN	VA C.	BAK	DIR		3 23	86	4:20 pm
1 41/	1. 5E	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
_ 1 1/	1	FEMALE	BLACK	MONT	3 1966	19	YRS	TS DAYS	HOURS MIN.
1/1 12	F1.00	HHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY OF		DEATH	
1/00		IARYLAND	U. S. A.	WIDOW	D NEVER MARRIED A	BALTIMORE	CTTY		MD
CO A I	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		120 USUAL OCCUPATION	NC 12	26. KIND OF	BUSINESS OR
5 M	1	BALTIMORE	ST. AGNES	HOSPITA	L	HOME MAKER		NDUSTRY	HOME
212 ho ho d	USU.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	718 000591	8 Argy	yle Avenue
No 24	MA	RYLAND	BALTI	MORE	YES NO	Baltimore,	Marylan	d 2120	n i
ithin tely 2 sh	14. FA	ATHER'S NAME			15 MOTHER'S MAIDEN NA	Mt	10171011		
w b.		Lawrence	MIDDLE LAS		Brenda	WIDDLE		Hask	rine
RE, T		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	3420 ^{AD} 88	Frison	Rlvd.	.1113
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the and Mental Hygiene prior to burial, cremation, ar removal. Onked or them 18 shows any injury, or other traumatic event, the medical examiner musik.	(NO.	219_86	5-0572	Lawrence Bake		re, Mar		21216
ALTI					Lawrence bake	Darcino	I Co Hal	APPROXIM	NATE INTERVAL
phys phys movent,			anly one cause per line for (a), (b) SED BY: ATE CAUSE (a)	n dea	th			JET WIETS OF	NSET AND DEATH
N Sing		IMMEDIA	ATE CAUSE (d)						
STO eoth on, t	10.3	Conditions, if any, which	DUE TO, OR AS A CONS	sequence of	Tended high	odia			
he a he a emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	0.11				
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RDS, n sig	N N	DEPOSITE OF THE PARTY OF THE PA							
BCo bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	700 AUTOPSY?	206. IF YES, WE	RE FINDING	GS USED
he lo on. hos ows	I I	and the second				YES NO	IN CERTIFYING	AUSES C	NO
I OF VITAL RISICIAN: The long physicion. sertificote has mol-tronsit per ental Hygiene ental Rygiene.	EB.	21a ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
OF CIAI	AL	OR CONTRIBUTING CAUSE OF D		DAY YEAR					
HYS Iding or #	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	701.12	211 LOCATION	CITY OR TOV		COUNTY	STATE
VISI G P offer the s the	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE FARM ETC)	ZIKEEL	CITTORTO	VN	COUNT	STATE
Aft Aft More			pital) attended the deceased for	rom3	-20- 19.86		3- 198	16 11	hat (I) (we) last
TTEN For of High		saw the deceased alive a	7 7 7	W.	nd that in (my) (aur) apinian	death occurred on the da	te and haur and	I fram the co	auses stated
OR A DIRECTOR A DIRECTOR OF them	1011	226 SIGNATURE	O , and the body offer death.		DEGREE			22c DATE S	IGNED
te Dod		the state of	45/		ATTENDING PHYSICIAN F	MEDICAL STAF	FIANT	3-2	23-84
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TO HOSPITAL retoined by the TO FunERAL should be determined by the State with the State IMPORTANT: If		JOSE FERNA	NDEZ. M.D.		900 S. CATO	N AVENUE, B	ALTO.,MI	0. 212	229
5 5 5 4 ¥ ₹		BURIAL, CREMATION, REMOVA		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial	3/27/1986	Mt. Cal	ary Cemetery	CITY OR TOWN	Anne Ari	undel	, Maryland
DHMH - 16 60M 7/84	24 FL	NUTTERCIAR SONS	FUNERAL HOME,	INC.	25a. DA1	TE REC'D. BY REGISTRAR	SWREGISTEAR	SEIGNAM	Bindalile
(VRA 15, 4)		01 Gwynns Fall			21216 M	AR 2 6 1986	grand war	4001-1	

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	STATE OF MARTLANI
1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEA

NTAL HYGIENE

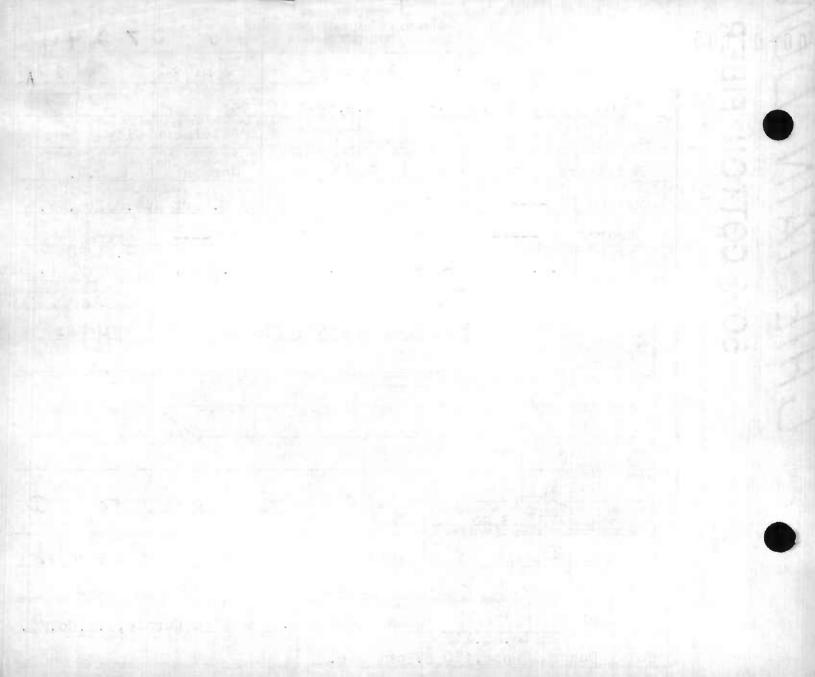
		REGISTRAR				CENTII	ICAIL OI D	LAIN	REG N	10.			
		CEASED NAME	FIRST	^	AIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HC	DUR
1		- ON TRANSIT	AMMO	ON	R.	E	BALSER		MARCH 2	9, 19	86	5	:40 RM
1	A:SE	SEX 4 RACE				5 DATE C		YEAR	& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I VE		DER 24 HRS
ı	Ma.	le		White		6	19	1945	40	YRS		3 1.00x	, Mire.
杰		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D NEVERA	ADDIED &	9 BALTIMORE CITY	OR COUNT	OF DEATH		
X		ryland		U.S.A.	BUN 50	WIDOWE		ORCED	Baltimo	re Cit	У		MD.
1	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL, NURSI	NG HOME	ROTHER INST	ITUTION	12e USUAL OCCUPAT			OF BUST	NESS OR
2	Ba	ltimore			1 Hospita	_			Forklift				Bros.
	130	AL RESIDENCE HENURS	ING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE C	TV LIMITED 1	13e STREET ADDRESS	/ 710 COD			
6	100	ryland		imore	Dundall		YES	NO X	6912 Ridge				21222
1		ATHER'S NAME		WIDDIE	LAST			MAIDEN NAM	AE	-			
21	flo	ward	,	V.	Balse	er	Li	illian	MIDDLE E.		Sì	hifle	t
4		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADDR	ESS			-
4	Ye	YES, NO OR UNKNOWN)	Viet	Nam	216-42-	-5897	Lillia	an E. B	alser	Sam	ne as :	13e	
		18 CAUSE OF DEAT	H Enter onl	y one couse per	line for (o), (b), or	nd (c					BETWE	OXIMATE IN	TERVAL ND DEATH
		PART I. DEATH W	/AS CAUSE	D BY:	CARDIO		חדמתר	RY FAT	LUBE				
					27								
		Conditions, if ony,	which	DUE TO, OF	CANCER		THE LU	NC					
Н		gove rise to imr	mediote) 16)			THE HO	14.0					
		couse (a), stating underlying couse		DUE TO, OF	AS A CONSEQU	ENCE OF							
Н		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
	70	T AM 2 OTTER STOR	VIII ICAI VII C	ONDINONS <u>cc</u>	NATION NO TO	DEATH BOT	HOTRELATED	TO THE TERMI	INAL DISEASE OR COM	IDITION GIV	EN IN PART	110	
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b IF YE	S, WERE FINI	DINGS US	SED
4	THE	ALC: N							YES TI NOTY		FYING CAUS	SES OF DE	
_	CER	21a ACCIDENT WAS UNI	DERLYING	216 TIME OF			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INIT				
g.	1000	OR CONTRIBUTING		THE STATE OF THE S	A. MONTH D								
	MEDICAL	(IF EITHER NOTIFY MEDI		71e PLACE C		19	21f LOCATIO	N					
	WE	WHILE O NOT WE	HIE 🗆		ET. FACTORY OFFICE	FARM ETC)	STREET		CITY OR 10	NWO	COUNTY		STATE
Н			-	-		TADOI	1 20	01	. Wa Dow	20	0.6		1
Н		220.1 certify that (1)							to <u>MARCH</u> leath occurred on the d		19_86	m, that (I	(we) lost
Н		sow the deceose obove, (1 (we) o	did (d-d not	riew the body	ofter death		DEGREE		com occorred on the c			TE SIGNE	
		120 SIGNATORE	5 au	nety		65 (6)	14 D A	TTENDING	MEDICAL STA	FF	III DA	IE SIGNE	D
-		22d PHYSICIAN'S NA					M D A		DIRECTOR PHYSI	IANU		2123	1
		RAM	ECH		KIH.		THE ADDRES.		N. BROADW	AY BA	ALTIM	ORE,	MD.
-	-	I RAM	ESH	SABAPA			CHURC	H HOSI	PITAL COR	PORA	MOLI		
	(BURIAL, CREMATION,	REMOVAL				EMETERY OR C		736 LOCATION		COUNTY	410	STATE
		rial		4/2/1	986 G	ardens	Of Fa:	ith	Baltimor			Maryl	and
	24. FU	NERAL DIRECTOR I	Ouda-R	uck, In	C . ADDRESS			A PR	02 1986 g	Wa Day	RAR'S SIGN	ATURBLE	
	79	22 Wise Av	renue	Dund	alk, Mar	yland	21222		1000			-	

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home, 130 E. Fort Ave.

a hand to recognize

(VRA 15, 4)



				STATE OF MARYLAND		
-01300	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 6 0	1245
01380	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 126 HOUR
13	(198)	LILL!	AN L.	BANKOSKI	MARCH 1	6 86 M
ars offer d	3.58	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY S 30 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DATS HOURS MIN.
286		RTHPLACE (STATE OR FOREIGN :OUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (
14	100	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET UNION Memo)	NG HOME OR OTHER INSTITUTION ADDRESS) rial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF BUSINESS OR INDUSTRY
185	130 5	Maryland 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Baltin	nore YES X NO	13e STREET ADDRESS / ZIP COL 3208 Montibe	
700		Michael	Beresh	15 MOTHER'S MAIDEN NA Julia	MIDDLE	Budacz
8 1		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES. GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-07-9		ankoski 3208 Mon	
			nly ane cause per line far ia . ibi, ar ED BY: (TE CAUSE (a)	TE Myocardial	INFACTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sit cremation or i	W SHEW	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	NARY ARICRY	Disease	0)
to burn	NOI	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1:a
17	THEAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
9	CAL CEN	2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
reed pr	MEDI	21d INJURY OCCURRED NOT WHITE AT WORK	(AT HOME STREET FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
pt of Healt em 21 is mo			ortal) attended the deceased fram.	// DEGREE	death accurred an the date and ha	that (1) (we) last up and from the causes stated
Shote De Shote De NAT. If It		22d. PHYSICIAN'S NAME TYPE	Konacusty	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-18-86
hould the		[/ / /) ;	ARACUSCHANSK		3rd St. Balt	Md 21218
H		Bunial, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland 250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TACHURA TACAMAN TACAMA

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filled in by the funeral director, ould be filed within 72 hours ofte

FOR

STATE OF MARYLAND DEPAR

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U	- 1	£ 429		-
			1.00	-

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	ο.			,
~		ECEASED NAME FIRST MIDDLE E OR PRINTS MIDDLE		IDDIE	BA	NKS	20. DATE OF DEATH	3-0	3-86	26 HOU	
	3. SE)				S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER	
	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	Baltimore city o		OF DEATH		MD.
1	BA	TY OR TOWN OF DEATH	1134 P	oplar Gro	G HOME C ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON	126. KIND O INDUSTRY	F BUSINE	_
1	130. S Ma 1	ryland		Baltimo	N	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 1134 Popl		ve 21:	216	
1	Isa	niah		letcher		Sadie	MIDDLE	nti i	Green		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	212-18-7		Vernetta Ro	ADDRE		Grove	212	216
	NO	Conditions, if ony, which gave rise to immediate cause 10, stoting the underlying cause last	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF	L LUNG					
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER NOTIFY MEDICAL EXAMINER 210), INJURY OCCURRED WHILE ON ON WHILE ALL WORK	P.M.	A. MONTH DA	19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI		COUNTY	5.	TATE
		22a.1 certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE	FROM	Cery 5 19 5	8.5_, ar	nd that in (my) (aur) apinion			ond from the c	couses sto	
		CORRELATE 224 PHYSICIAN'S NAME INVECT A. HINNTEL	tall			ATTENDING PHYSICIAN 22e ADDRESS 600 N.		3- BA	3-8. LT	MI	

DHMH - 16 60M 7/84

should be detached for with the State Dept of I IMPORTANT, If he

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE Burial 3-6-86 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CHYOR TOWN
Baltimore

Maryland

24 FUNERAL DIRECTOR Bailey-Douglass Funeral Home 1348 N. Calhoun St

Mt. Auburn Cemetery Baltimore Maryland

150 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1348 N. Calhoun St. MAR 11 1980

(VRA 15, 4)

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100		FOR						AND MENTAL H		0	7 7	4	1
11		STATE REGISTRAR			MED	DICAL EXAMI	NER'S C	ERTIFICATE C	FDEATH	REG. I	NO.		PRODUCTION OF BUSINESS I 224 I I I I I I I I I I I I I I I I I I I
3		CEASED NAM	NE FIRS	ST .		MIDDLE	l	LAST	20 DA	TE KNOWN		DAY YEAR	72b HOUR
2024	(TYP	E OR PRINT)	,	TOT TON		C. Baran				TH MATED		06	
	SEX	(I4 RACE	ELEN	TE OF BIRTH	6. AGE (IN	YEARS IF LINE	DER 1 YR. IF UNDER			□ 3-1()-		24 HOUE
A X X		emale	White	MAN	pril 1	1915 70°	DAY) MONTHS		MIN PRONO	DUNCED			24. 11001
0200							YRS.			AD	3-10-		8:04
NA EUO	7e. B1	RTHPLACE (STATE OR	7b. CI	TIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MARR	IED 7 BAL	TIMORE CITY	OR COUNTY	OF DEATH	
AN SE		Md.			USA		WIDOWS	ED DIVORC	ED Falt:	imore (City		WE
###E	10. CI	TY OR TOWN	OF DEATH			PITAL, NURSING HOA		ER INSTITUTION	12a USUAL OC	CUPATION (1	TYPE OF WORK 12		
AEA X	T	Baltimo	ro			iott Street				WORKING LIFE)	ar Mank		IKI
	USUA	AL RESIDENCE	(IF IN NURSING HO	OME OR OTHER	INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SION)				y Worke	r	
58 ? A	3a S	TATE	13b. CC	YTHUC		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET AD				
씨스	14.5.	Md.				Baltimor		YES NO		Elliot	t Stree	t 2122	24
Eng-	14. F#	ATHER'S NAM	E	MIDDI	LE	LAST		15 MOTHER'S MAIDE	ENNAME	MIDDLE		LAST	
1		Fran			Ba	aginski		Micnal	lina		Bonko	wski	
Z	16a V	VAS DECEASE	ED EVER IN U.S	ARMED FO	ORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	- 17	ADDRE	SS		
55.		no	, , , , , , ,			213-09-6	701	Mr. Edwar	rd Baran	1919	Briano	1400	10
Š Š			OF DEATH (Ente	er only one	rouse per line	for (o), (b), ond (c).)		THE DATE OF	That all	1012	miare	APPROXIMA	TE INTERVAL
24		PARTID	EATH WAS CA	LICED BY				ardiovascu				BETWEENONS	ET AND DEATH
VA SEE NOTE		1	IMME	DIATE CAU				ararovascu	ital also	Lase			
ZAFFS					DUE TO, OR	AS A CONSEQUENCE	E OF						
AMINER L-TRANS WENTAL H			ons, if any, w		(b)								
- TRANSIT PER ENTAL HYGIE OR REMOVA		cause (a	i) stating the <u>un</u>		DUE TO, OR	AS A CONSEQUENCE	E OF						
HEALTH AND MEI		lying co	use last.		(-)								
N N		PART 2 OTHER S	IGNIFICANT CONOIT	IONS CONTRIB	ITING TO DEATH I	HE NOT BELATED TO THE TE	MINAL DISEASE	OR CONDITION GIVEN IN PA	BY 1				
₹	z			-	TIMO TO DENIN	of not account to the te	AMINAL VIJEAJE	OR CONDITION GIVEN IN TA	KI 1 10				
5	110	19a DATE O	FOPERATION		TIPL CONDIT	ION FOR WHICH OP	DATIONIA	S DEDECORATEDA					
NA NA	2	ING. DATE OF	OFERATION		198. CONDIT	ION FOR WHICH OF	EKATION WA	AS PERFORMED?				20 AUTOPS	(?
5	TIF										E 14. 1. 1	YES	NO X
12	CERTIFICATION		AL CAUSE WAS		21h. TIME OF	MONTH DAY YE		W INJURY OCCURRE	D LENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PART)	
-		CONTRIBUT	G OR	OF DEATH	P.M.	MONTH DAT TE	-tr						
PRIOR TO BUT	MEDICAL	21d INJURY		3. 22	21e PLACE C	F INJURY (AT HOME,	21f LOC	ATION					
	¥	WHILE	NOT WHILE		STREET, FACTO	ORY, FARM, ETC.)	ST	REET	CITY O	RIOWN	COUNT	Υ	STATE
		AT WORK	AT WORK										
		220. cert	ify that I took c	horge of the	e remains desc	ribed above, held an	Autopsy	y , Inspection	n X Inqu	IIIV T	ond in my apini	on	
Z			•	Katural caus						,	ma in my apini	Oll	
MARYLAND		death resul	tea fram: N	Matural caus	es LAI.	Accident L., S	ouicide	Homicide	Undetermined	manner	,		
¥		ACTUAL		Mari	TV.	1 041 1	^	TITLE (SPECIFY)					
m,		SIGNATURE		1 years	M	we w	J. M.	Assistan	MEDICAL EX	AMINER	DATE SIGNED.	3-11-	86
AFTER DEATH, WITH THE BALTIMORE, MARYLAND				1		•							
XA	100	EXAMINER'S (TYPE OR PR	NAME INT)	Ma	argarit	a A. Kore	II,M.D.	DDRESS 111	Penn st	reet			
W.							^	INDIKESS					
	23a RI						EMETERY OF	CREMATORY	123d LOCATIO	N			
	23e.BI	URIAL, CREMA	ATION, REMOV	AL 23b. DA	TE	23c. NAME OF C		CREMATORY	23d LOCATIO		COUNTY		STATE
_	(5	URIAL, CREMA	ation, remov.	AL 23b. DA	TE				Dunda	le Bal	lto.	Md.	TATE
17	(5	Bur	ation, remov.	Mar.	14,198	23c NAME OF C	osary	250. DATE I	Dunda REC'D. BY REGIS	RAR 200 RE		Md.	STATE
DHMH - 17 A15 ME (5))	(5	Bur	ation, remov.	Mar.	14,198	23c. NAME OF C	osary	250. DATE I	Dunda	RAR 200 RE	lto.	Md.	STATE

E. Barren

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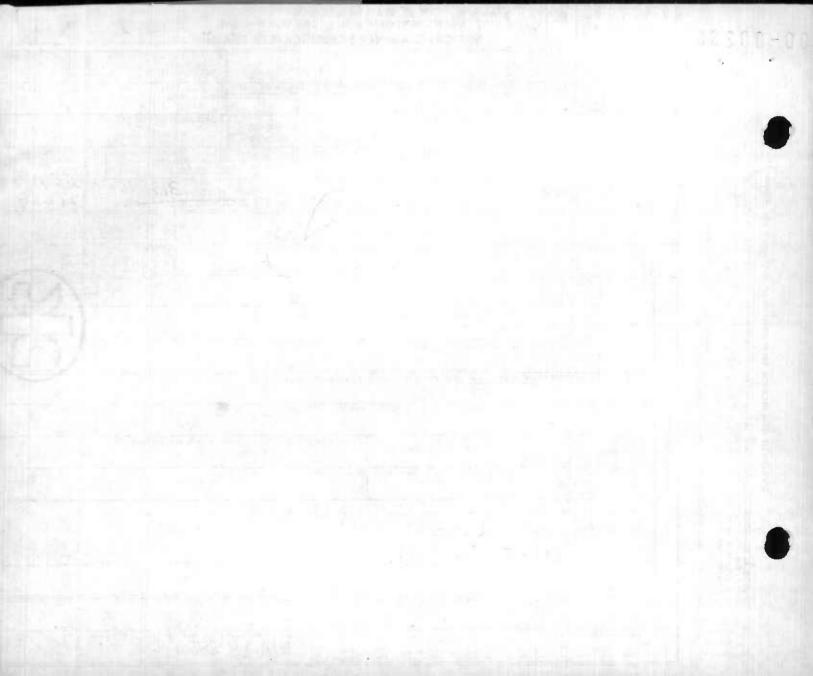
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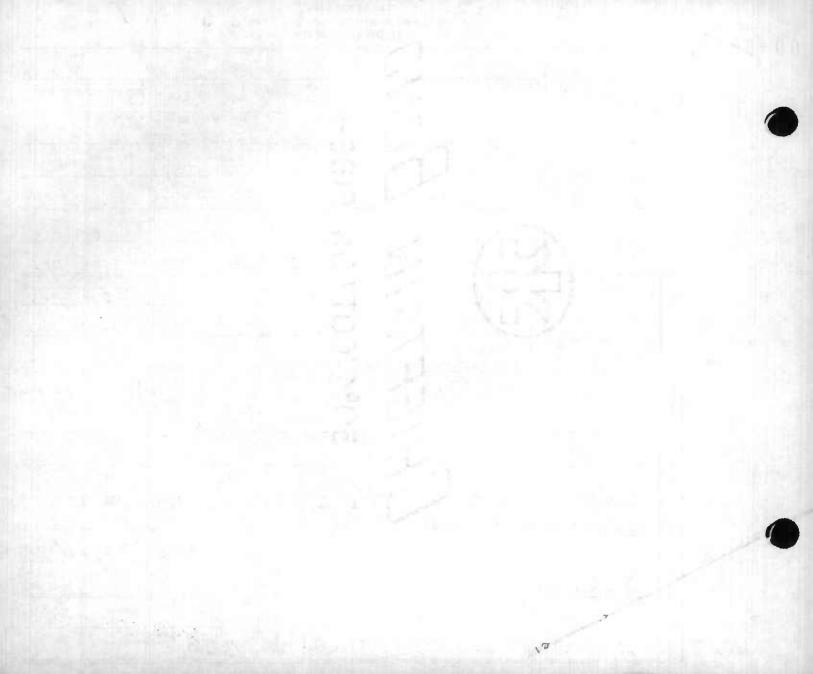
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Laurent I. Buck Inc. Baltinore, Maryland

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10-0	0260	-	STATE 3///86 REGISTRARITEMS 18-	22a 5/2 MED	ICAL	EXAMINE	R'S CERTIF	ICATE C	F DEATH	REG.	NO.	star 3	
			CEASED NAME FIRST	3,00,0	MIDDLE		LAST		2a. DA	TE KNOWN	MONTH	DAY Y	EAR 26 HOUR
	克米利尼 巴			CHAEL SCO	ב יוען	RADNIEG			DE	OF ESTI-	□3-11-	-86 19	M
	新聞きます	3. SE)	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER		OATE	HINOM		YEAR 24 HOUR
	SN250		M Cauc.	10 30	63	22 YRS.	MONINS	HOURS		EAD	3-11-	-86 ₁₉	7:11
-	SERVICE STATES		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUN	NTRY? 8.	MARRIED N	VEVER MARR	ED Q 9 BA	LTIMORE CITY	OR COUN	TY OF DEAT	H
•	AN STATE		Maryland	USA			VIDOWED	DIVORC		ltimore			MD.
1	が一般にある。	IU. CI	Baltimore	II NAME OF HOSE	ILITY, GIVE S	STREET ADDRESS)	OR OTHER INSTIT	TUTION	FOR MOST OF	CCUPATION (TYPE OF WORK	OR IND	
1	Jesus -	445T)/		1000 Wins	Slow .	Road (1	railer)		Mecha	7/3	01.1.	Auto). - 0//-
(1	394582	13a. S	_	NTY	13c CITY	or town		E CITY LIMITS?	13e STREET AL	DDRESS 13	Swi	7/100	1239
12	A A A SH	_	Md.		Da	.10.	YES X	HER'S MAIDE	1	Insiow	RO.		201
3	E:189800		Dwight	WIDDLE	Pa	nghorn		Evelyn		MIDDLE	St	ilson	
MOR	NAME OF THE PERSON OF THE PERS		VAS DECEASED EVER IN U.S. A			CIAL SECURITY N		RMANT		ADDRE	SS		
ALTIN	AFTE H RG AGES GRION		ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	21	9-90-881	15 I	eonard	Barnes	3138	Wilke	ens Ave) =.
	NO WEST		18 CAUSE OF DEATH (Enter of	inly ane cause per line	far (a), (b), and (c).}						APPROX	IMATE INTERVAL ONSET AND DEATH
S N	A ERWENT		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (o)	Insu.	lin into	xication	n					JI JET AL COLLAND
W. PRESTON	N N N N N N N N N N N N N N N N N N N				AS A CON	NSEQUENCE OF							
- E	WITHIN NCIL IN		Canditions, if any, whice gave rise to immediate	re (b)									
3	085.50		lying cause last.	DUE TO, OR	AS A CON	NSEQUENCE OF							
5, 20	XECUTEI VG' IN I SAL EXA BURIAL AND M		BART 2 OTHER CICHIENTANT COMBITION	(c)	INT NOT OF								
RECORDS, 201	JID BE EXECUTEI "PENDING" IN II F MEDICAL EXA ED AS A BURIAL HEALTH AND M IL, CREMATION,	2	PART 2 OTHER SIGNIFICANT CONDITION	S COMINIBULING TO DEATH B	OI NOI KEL	ATED TO THE TERMINA	L DISEASE OR CONDIT	TION GIVEN IN PA	RT 1 (a).				
REC	PEN MEN	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR	WHICH OPERAT	ION WAS PERFO	ORMED?				20 AUTO	PSY?
DIVISION OF VITAL	00#375	IFIC										YES	
) F V	HE COBO	E E	210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	INJURY	SAW WEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PA		
NO	NR CERTIFICATE SH WRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT OF 201 PRI OR TO BUR		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH 3	DAY YEAR /? 19 86	inject	tion o	f insul	in			
VISK	3 SH PRICE	MEDICAL	216. INJURY OCCURRED	21e PLACE C	F INJURY	(AT HOME,	211 LOCATION		CHY	OR TOWN		OUNTY	STATE
۵	WARD WARD PAGE TATE	2	WHILE NOT WHILE AT WORK	in		ailer	3118 Wi	lkins i		ltimore		yland	SIAIC
	ES. D.		22a I certify that I took cha	rge of the remains desc	ribed abo	ove, held on	Autopsy X	Inspection	n , Inq	uiry .	and in my or	pinian	
	EXAMINER: CERTIFICATE ULD BE FOR Y, WITH THE S MARYLAND,		death resulted fram: Not	ural causes	Accident	, Suicio	le 🔯 , Hor	micide .	Undetermine].		
	EXA CERT DID DIR WAR		ACTUAL NO	1 as the	n/ N	0.6		(SPECIFY)					
	UNERAL IN PER	1	SIGNATURE	and our	to D	NUL	M.DA	ssista	INTMEDICAL E	XAMINER	DATE	ED 3-11	L-86
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FOR THE FORMER DESCRIPTION AFTER BEATH, WITH THE BALTIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT)	Margarita	Α.	Korell,	1.D.	111 P	enn Str	eet			
	EXECUTION PAGE A	23a B	URIAL CREMATION REMOVAL			NAME OF CEME			23d LOCATIO				
07/84	BP84/	(5	Burial	3/14/86	-	it. Olive				imore	COU	ути МД	STATE
25M	DHMH - 17		UNERAL DIRECTOR	ADDRESS					REC'D. BY REGIS		GISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	Amk	prose Funeral 1	328 Sulphu	r Sp	ring Rd.	21227	MAR	13 198	30	" Line house	Jack	





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86	0	72	5	0
		10		

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
172	Danie	_	BARNEY	0 00.	3 40186 8250X
SE:		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
	11 - 0 -	20 1	MONTH OAY YEAR	11	MONTHS DAYS HOURS MIN.
BI	Male IRTHPLACE (STATE OR FOREIGN 7b)	Black CITIZEN OF WHAT COUNTRY	01-01-1970	9 BALTIMORE CITY OR	COUNTY OF DEATH
	COUNTRY)	W WINT COUNTRY	MARRIED LI NEVER MARRIED	D. MI	CITY
	rth Carolina	USA	WIDOWED DIVORCED		more M
LCI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	170 USUAL OCCUPATIO	
	F	Ran Secours	Hasnital	Baker-Di	cablad
	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY				and the state of the same
1	ruland	Baltim		16 Couth	The state of the s
	ATHER'S NAME		15. MOTHER'S MAIDEN		Pulaski Street
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a V	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRES	sarney
	YES, NO OR UNKNOWN) (IF YES, GIVE W		uico.	16 0	outh Pulaski ST.
	Yes 11915-	1948 242-14	-7068 Dorothy F	Rown 40 SC	
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	2V	and Ich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE (/= TM // \ \ 7	tage Cancer	2	
		DUE TO, OR AS A CONSEQU	VENCE OF Can Clro	& FSDDhagn	us with METastas
	Conditions, if any, which	CO R.	BRAL VASCUL	OP Dict	2050
	gove rise to immediate	(6)		47	
	cause (a), stating the underlying cause last.	DUE TO, OR AS-A CONSEO	UENCE OF		
		((c)			
z	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PART ITO
CERTIFICATION		-			
S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	700 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	The Asset Line			YES NO	YES NO
Š.	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
_	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOW	N COUNTY STATE
	AT WORK AT WORK		1/9/; 0	- 3/10	2/
	22a. L certify that (I) (this hospital)	ottended the deceased from	246	. to	
	saw the deceased alive an above, (1) (we) (did) (did not) v	riew the body ofter death.	, and that in (my) (our) apinio	on death occurred on the dat	e and hour and from the couses stated
	77b SIGNATU L		DEGREE		22c. DATE SIGNED
	Keens.	you Hu	Clay M. D ATTENDING	MEDICAL STAFF	AND 3/10/
	22d. PHYSICIAN'S NAME (TYPE ORPE	RINT)	22e ADDRESS	TE DIRECTOR LI PHISICI	786
	VIIANG - V	17 1110	NG BOOK	CD.011	2. 2-1-0-140
	NUANY /	EN ITUA	IJUIV	Sew.	12 Trospilal
		23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY
	BURIAL, CREMATION, REMOVAL (SPECHEY) BURIAL		r NAME OF CEMETERY OR CREMATOR TOWNSVILLE VA.	CITY OR TOWN	isville, Marylan

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(VRA 15, 4)

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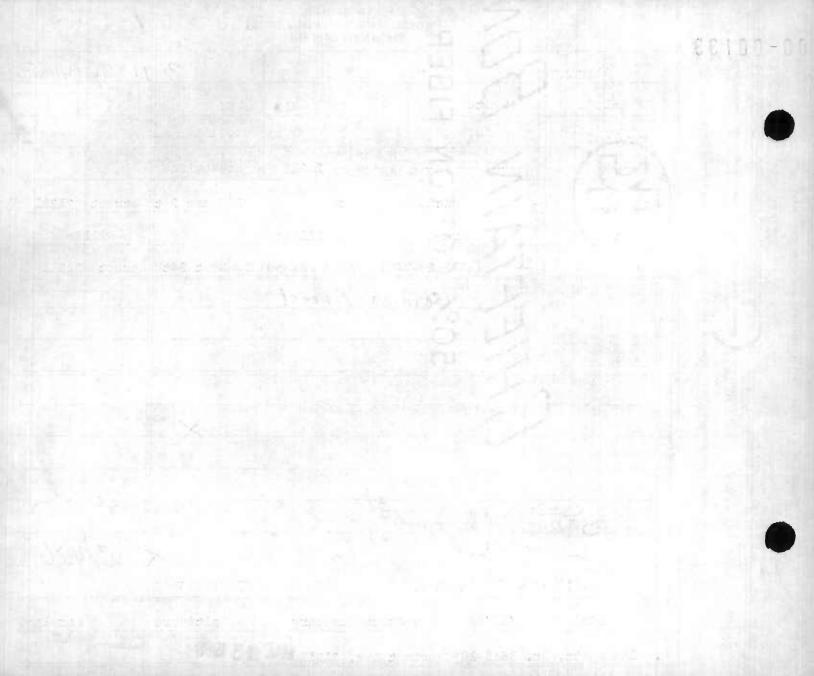
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💥 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH Mary 26 HOUR Margaret Barto TYPE OR PRINT! 86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH NONTHS DAYS HOURS MONTH YEAR 72 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWEDXX DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Homemake Lot working Life) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NOWTRY Home Baltimore inai USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 13e STREET ADDRESS / ZIP CODE 288 Locust Ave. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15301 Washington YESXX Pennsylvania NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AAIDDI F Olive Elder Phillips Charles Μ. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Richard Barto, Glen Burnie, Maryland 21001 190-36-9400 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view to 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e. BURIAL, CREMATION, REMOVAL SPECIFY) Limestone, West Virginia Burial 3-10-86 Limestone Cemetery 24 FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Rd المنتفاة والمنتفقة مستا (VRA 15, 4) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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A. Alan Seitz, Jr. 3615-19 Chestnut Ave.

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Justin simildson Pandage

7	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
Ī	DECEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YE	AR 2	b. HOU	R
L	MAGLE	NE .		BATT	CLE	MARCH 27.	1986			10:	15:4h
1 3	Female	4 RACE Bla	ck	5 DATE C		6 AGE (IN YEARS LAST BIR	(THDAY)	MONTHS D		HOURS	24 HRS
	remare	DIG	ick	wo/3	2.7 *58	48	YRS			1	Milini,
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D D NEVER MARRIED	9 BALTIMORE CITY C	RCOUNT	Y OF DEAT	Н		
5	COUNN C.		USA	WIDOWE	DIVORCED	BALTIMORE	CITY				MD.
	BALTIMORE	THE JO	HACILITY, GIVE STREET AND HOPKI	NS HÇ	OR OTHER INSTITUTION	TYPE ON A AOR MOST C	ION DE WORKING LI	(FE) 126 KIT INDUS		BUSINE	55 OR
1	USUAL RESIDENCE (IF NURSING HOME O		13 BAYPE PM		13d INSIDE CITY LIMITS?	13e SZREFI 40DRESS.	kevi	ew A	ve.	2	121
1	father's NAME Lonnie	WIDDLE	Bell		15. MOTHER'S MAIDEN NAM Magnoli			Phil	lip	s	
T	60 WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR 245-54-4		Patricia	Battle 32		elmo	nt	Ave	
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	an continue of court of ac	216. TIME O	FINJURY M. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAR	T 2)		14.15
/	OR CONTRIBUTING CAUSE OF DE	PO 1711		19							
	CIFEITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE	OF INJURY	RM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNT	Y	57	TATE
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	220.1 certify tha (1) this hasp saw the deceased alive or abave, (1) [wei (did) (did no		and a	86.0	d that in my your) apinion o	to		19 8 U	the ca	o (11) w	ve) lost ited
	276. SIGNATURE				DEGREE		3344		ATE SI	GNED	/
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	THE PHYSICIAN'S NAME TO	January 7	Harriso	2	The Johns	WODFE ST B	ALTO	MD 2	120	2	
1	30. BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	236 LOCATION		COUNTY			1475
	Burial	4/3/8	6 Ba	ltin	nore Cemeter					MD	AIL
2	Wm. "C. March	F/H 1	101 E./ N	or+2	250. DATE	REC'D. BY REGISTRAR	- 7	TRAR'S SIG	NATUR	RE	
	min. C. Fidicii	1/11 1	TOT II'N	OTCI	TAVE.	IPR 02 1981	6 French	w wand	In-	70.	2.00

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1	FOR STATE REGISTRAR	DE	PARTMENT OF F	ELATE OF E		JE &	0 /	2 5	3
	CEASED NAME OR PRIJA	ST William	Frank	6	2	O DATE OF DEATH	MONTH D.		26 HOUR 5 15
3. SE	m	4. RACE JU	5. DATE C		97	AGE TINYEARS LAST BIT	YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COU USA	MARRIE	D NEVER	MARRIED -	BALTIMORE CITY		OF DEATH	
10 C	TRAITY I AND TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN St. Agnes H	E STREET ADDRESS)			Baltimor 20. USUAL OCCUPAT TYPE OF WORK FOR MOST Maintenan	ON OF WORKING LIFE	INDUSTRY	OWN
13a Ma	aryland 136 COUN	Balt MIDDLE			ITY LIMITS? NO MAIDEN NAME FIRST Argaret	STREET ADDRESS 201 S. Ma	/ ZIP CODE	2/ Street	231
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	16-6414	17 INFORMA	NT	ADDR 601 Maid		ice La	ne, 212
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT O	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR	NSEQUENCE OF			AL DISEASE OR CON	20b. IF YES,	WERE FINDI	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON'	TH DAY YEAR			CENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
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	22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) did no 22b. SIGNATURE	t) view the bady after death	, a	DEGREE	(aur) apinion dec	medical sta	ate and haur		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 3/8/86	23c NAME OF C New Cat		Cemetery	Baltimor	e	COUNTY	Mary lan
24 F	UNERAL DIRECTOR			21220		DC'D RVREATIVONER	25% DECUSTO	A DIC CHEATA	Wips Day

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, INc., 4107 Wilkens Ave.

Green Mount

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 21212 4905 York Road, Balto., MD

3/25/86

Baltimore, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

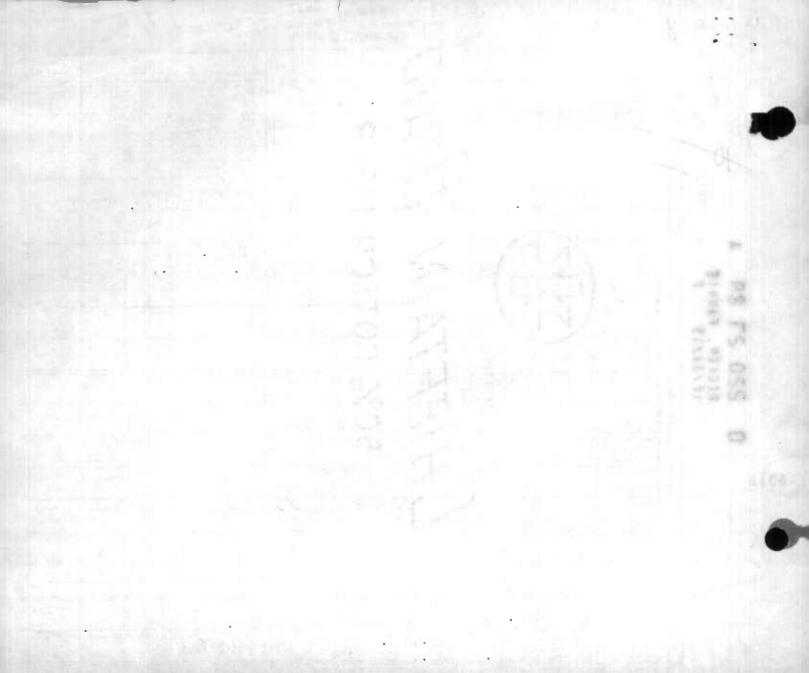
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	FEMALE	WHITE		OCT.	31,1913 YEAR		72 YRS.	NIMS DATS	HOURS MIN.		
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1	-	MARYLAND	USA				BA	LTIMORE CIT	Y	MD.		
3	MO.	TY OR TOWN OF DEATH				OR OTHER INSTITUTION				OF BUSINESS OR		
7	150						HOL	г номе				
						134 INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP CODE				
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A	750	THERS NAME	MIDDLE	LAST		FIRST	ME	MIDDLE		T T		
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S.												
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đ		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAR	r anly ane cause per USED BY	line far (a), (b), and	d (c).	1 1-				_ 1		
1	Н	IMMEDIATE CAUSE (a) Carline Avest								v 15 min		
1		DUE TO, OR AS A CONSEQUENCE OF										
1		gave rise to immediate										
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1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
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2	CERTIFICATION	190 DATE OF OPERATION	19 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO					
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3			110110		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)			
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1	MEDICAL				ARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
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1		abave, (1) (we) (did) (did	nati view the bady	after death.			deam decorre	- and the date and hadre				
П		220 SIGNATURE	111	/ \		ATTENDING	MEDICAL	STAFF	3/	1		
Н		22d PHYSICIAN'S NAME I	7 July	-mil			DIRECTOR	PHYSICIAN	1 / 6	16/86		
		Ka	a L Ale			600 N,	11	111	P. MD	21205		
7	23a B	BURIAL, CREMATION, REMOV	VAL 23b. DAL		IAME OF C		23d LOC	ATION	4			
1		BURIAL	MAR. 17,	1986 H	AR SI	NAI BENEVOLEN	T SOC.		BALTO			
1	24 FL	UNERAL DIRECTOR SOL	LEVINSON	& BROS.	INC.	25a. DA	TE REC'D. BY	REGISTRAR 256 REGISTRA		UREILEBL		
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DHMH - 16 60M 7/84 (VRA 15, 4)



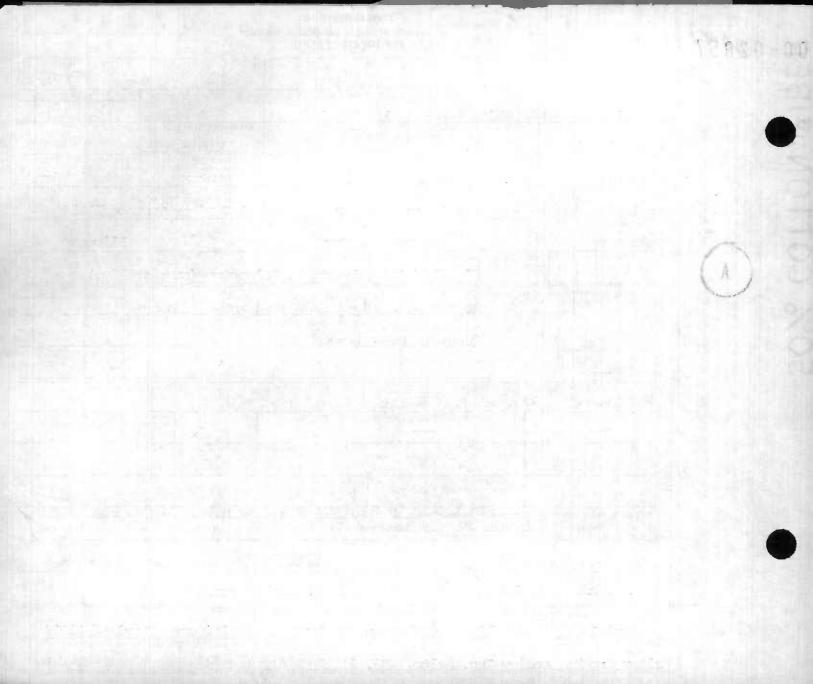
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BP	L	(SPECIFY) Burial	3-11-86	Oak L	_	etery	23d LOCATION CITY OF TOWN CASTURAGE RECOURT REGISTRAS	Balt USB. REGISTE		STATE
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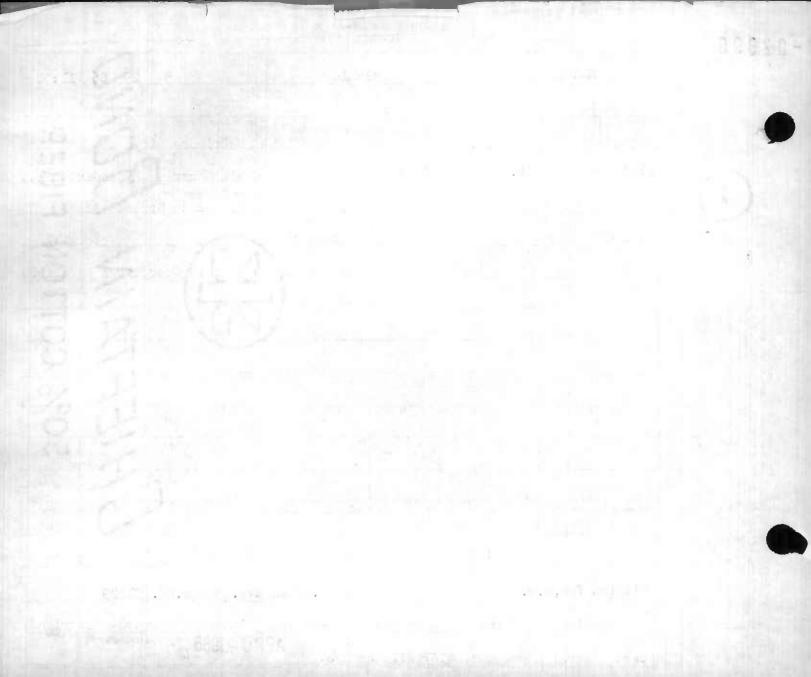
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fre. p		3. SEX		4 RACE		S. DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF UN	NDER I YEAR	HOURS MIN	
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deoth un 7.	19	P	ennsylvania	U.S.		WIDOWE	D	DIVORCED [Baltimore			A	
he fu	111	10 CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER IN	NOITUTITZ	120 USUAL OCCUPATION		26. KIND OF NDUSTRY	BUSINESS	
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thin thin		14. FA	THER'S NAME	WIDOLE		11,000	15 MOTHE	R'S MAIDEN NAM	E				
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cores that the signed by the sin please re a burial, crear uny, or other			cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)		DEATH BUT	NOT RELAT	ED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN I	IN PART 11a		
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Ha Pasa			sow the deceased alive or abave, (I) (we) (did) (did no	MAKCH	atter death	86 at	nd that in (m	ny) (aur) opinion de	eath accurred an the do	te and have and	d fram the cr	auses stated	
A 20											22¢ DATES	IGNED	
the the letoc fetoc ff. If			M. Neith Kaulen a ATTENDING MEDICAL PHYSICIAN DIRECTOR						MEDICAL STAF	IANT	3/30/	186	
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FU FU			M. Keith H	Rawiling	S		201	Universit	y Parkway				
of of other states	1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY O	R CREMATORY	23d LOCATION				
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		24 FL	NERAL DIRECTOR	14/2/1		ar Law	II CAIR		REC'D. BY REGISTRAR				
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(VKA 15, 4)		Wa	Iter Brooks Br	adlev Ir	nc. Balt	O. Md	. 1. 1.	AL AFE	V U I ISBN L	I won think	1 ADD A-1	-INCO	

Walter Brooks Bradley Inc. Balto., Md. 21222





0-01292

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

07261

1		REGISTRAR			CERTI	TICALE OF DEATH	REG. N	10.		
		EASED NAME 0 1951		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
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1	SEX	In ala	RACE	ata	MON		6 AGE IN YEARS LAST B	RTHDAY	MONTHS DAYS	
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2	C	SUNTRY)			MARRI	, ,	P BALTIMORE CITY	- 11		1
		ginia Y OR TOWN OF DEATH	U.S		WIDOW	ED DIVORCED DO DIVORCED DIVORCED	12a USUAL OCCUPAT	-	Morea	OF BUSINESS OR
1	7	Baltimore	(IF NOT IN SUC	CH FACILITY, GIVE	A Q O I C	a Center	Housewif	OF PORKING		
1	a 63	RESIDENCE IF HIS NG HOME OR ATE 13b COUN	OTHER INSTITUTION,	13c. Cary O	RIOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	
_	mining.	yland		Da	·It.	YES NO	410 N. Bo	uldin	Street	21224
4"	FAI	HER'S MAME	MIDDLE	LA	ST	15 MOTHER'S MAIDEN NA	ME		LA	4ST
_		wood	Parker			Bessie		100	Taylo	or
114	W (YE	AS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDR	ESS		
N	io			212-3	32-9393	David H. Bel	ll, Sr.	S	ame as	13e
Г	П	L CAUSE OF DEATH (Enter an	y ane cause per	line far (a),	(b), and ici-	11			BETWEEN	XIMATE INTERVAL
-1	1	PART L DE ATH WAS CAUSE	D BY: E CAUSE (a)	Roca	ifator.	. tailure				
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	-1	C 80 V	DUE TO, O		SEQUENCE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	' '			
	-1	Canditians, if any, which gave rise to immediate	(b)	Rac.	torial	MEdinal	-()			
	н	cause (a), stating the	DUE TO, OI	R AS A CON	SEQUENCE OF					
17	-1	underlying cause last.	((c)							
	ı	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	ADITION C	IVEN IN PART 1	In:
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4							YES I NOT		TIFYING CAUSES YES	S OF DEATH?
7 8	1	10 ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCUR		_		NO []
100		OR CONTRIBUTING CAUSE OF DEA		M. MONTI	H DAY YEAR		The state of the s		· Ant · On · Ant · 2)	
/ 3	1	(IF EITHER NOTIFY MEDICAL EXAMINER			19					
MEDICAL		INJURY OCCURRED	21e PLACE (OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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-1		20 I certify that (I) (this hospit		e deceased t	fram_3/	19.86		19	19 8	that (I) (we) last
1	-1	saw the deceased alive an.	3/19		19 CL , a	nd that in (my) (aur) apinian	death accurred on the d	ate and he	aur and from the	causes stated
	ŀ	abave, (M(we) (did) (did nat	view the body	after death.		DEGREE				SIGNED
		Hawa	y X	1/1	M	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN DE		9-86
1		24. PHYSICIAN'S NAME INTE OF	PRINT			22e ADDRESS	1			1
1	1	Howard	SI	ULL		FSKME	d Loute	2 1	Balt 1	nd
	[5]	RIAL, CREMATION, REMOVAL	23b DATE		230 NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		ial	3/22/	1986	Oak Lav	m Cemetery	Baltimo			Maryland
		FERAL DIRECTOR Duda-R		AUU	PRESS		E REC'D. BY REGISTRAR	25b REGIS		
7	92	2 Wise Avenue	Dunda	alk, M	aryland	21222 MA	AK 2 1 1986	1. 77	a would fine	yundell.

168	51	FOR STATE REGISTRAR	DEP	ARIMEN	OF HEALTH AND MENTAL PRICATE OF DEATH FICATE OF DEATH	REG. NO.	. 0 .			
3		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
~		IDA				3/	18186 G428			
1)	1.5E	Temale	Black		0F BIRTH 729/1900	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER : YEAR IF UNDER 24 HE MONTHS DAYS HOURS MILE			
23	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUN USA	MARRIE	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	City City			
49	10 0	ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE North Charl	STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS C INDUSTRY			
3		AL HESIDENCE (IF NURSING HOME OR)	TY 130 CITY OR	BEFORE ADMISSION) IOWN imore	136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CC 1102 Druid Hi	DE 11 Ave. 21217			
300	14 F	THER'S NAME John E.	Upshur LAS	T	15. MOTHER'S MAIDEN NA. Rose	MIDDLE	pshur			
8		VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDRESS				
1/	(YES NO OR UNKNOWN) (IF YES GIVE	218-0	1-0107	Esther Over	erton 3121 Gwynn Fall Pkwy. 212				
, or other tro		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	rge cr		T ten Course or a ten ten or a ten ten or a ten				
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riked or	MEDICAL	216 INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC)	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE			
21 icms		22a L certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not		19 1 0	nd that in (my) (aur) apinian	death accurred on the date and h	that (I) (we) lo aution and from the causes stoted			
7. ii her		R.M. Sha	+ m.D.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/18/86			
MPORTAN		22d. PHYSICIAN'S NAME (TYPE OR	SHAH. M.D	•	220 ADDRESS TO	th chances, Businere.	general 20. 21118			
-		BURIAL, CREMATION, REMOVAL BURIAL	3/22/86		EMETERY OR CREMATORY IS Park	23d LOCATION CITY OR TOWN Arbutus	Md. STATE			
	24 5	INTERAL DIRECTOR			0.00	F DECID BU DECIENDAD				

DHMH - 16 60M 7/84 (VRA 15, 4)

Charles A. Rice FSPA 1300 Eutaw P1,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPERE O

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1	-1 -	STATE REGISTRAR		DEFARI		ICATE OF DEAT	H	REG. NO.		Take 1
		CEASED NAME FIRST OR PRINT) Tank	D.,	rkley	Bei	00		20 DATE OF DEATH	7/86	26 HOUR A
1	3 SEX		4 RACE		S. DATE C	F BIRTH		6 AGE IN YEARS LAST BIRTHDAY)	FUNDIN FEAR	IF UNDER 21 HRS
1	Ma	le	Black		3-	31-DAY	1907	78	Porting Box15	MIN.
-	70 BIF	CHPLACE LISTATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	NEVER MARR	IED TX	BALTIMORE CITY OR COUNTY	OF DEATH	
Λ	S.	Carolina	U.	S.A	WIDOWE			Bathmere	City	MD.
		Daltmore	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	PR OTHER INSTITUT	ION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIF		F BUSINESS OR
9	Mar	yland		Baltimo	/N	13d INSIDE CITY LI YES X NO		Baltimore, Maryland	3830 Ba 21215	rrington Rd
1	14 FA	THER'S NAME Thomas	MIDDLE	Bell			sie	WIDDLE	Bense	
	16a W	(AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? E WAR OR DATES)	217-20-42		Ruth R. Sta	arks	Baltimore,	Barringto Maryland	on Rd 21215
ATION	CERTIFICATION	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C PART 2 OPERATION	conditions co	Sepsis,	DEATH BUT	A Chro	ne		EN IN PART IN	NGS USED
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	Ė	22b. SIGNATURE	3/17	FISHED						
		Eleanor	Y. Hix	on, Mi	7).	3/00	Tou	vanda Aul.	Balt	MD
	É	urial, cremation, removal Specify)	3/21/			EMETERY OR CREM		Baltimore	COUNTY	Md.
	100	TTER & SONS FUNERAL Of Gwynns falls Pky	HOME, IN	C. ADDRESS	yland	21216	MAR		RAR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGISNE

0	1	2	6	and

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.			
	CEASED NAME FIRST LOTT	SE Gertrude		RET.T.	ts. DATE OF BEATT	1986	26 HOUR		
1 SE		White	S. DATE O	OF BIRTH	7/	IF UNDER LYE			
	Maryland	U.S.A.	MARRIE		Baltimore CITY O		MD.		
	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SPON FACILITY, DIVE STREE FUNCTION H	ospite		120 USUAL OCCUPATION OF THE CONTROL OF T	WORKING LIFE) INDUST	of Business or RY USEWORK		
730.	AL RESIDENCE (IF NURSING HOME OR C STATE 130. COUNT 130. COUNT		MN	134 INSIDE CITY LIMITS? YES KOK NO [Baylis St	reet 2122		
14. F	Arthur "	S.Loman		15. MOTHER'S MAIDEN NA	WE	Pfeif	er		
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SEC WAR OR DATES) 215-16-		David L. Bel	L 2811 (ub H		274		
	18. CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED IMMEDIATE	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH						
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	EASE							
TION	PART 2 OTHER SIGNIFICANT CO								
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220 I certify that (1) (this hospital) attended the deceased from MARCH 13

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

19 86 , and that in (my) (aur) apinian death occurred on the date and have and Irom the causes stated

CHURCH HOSPITAL CORP.

100 N. BROADWAY BALTO. MD 21231

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 901 S. Conkling St

231 NAME OF CEMETERY OR CREMATORY

Gardens of Faith

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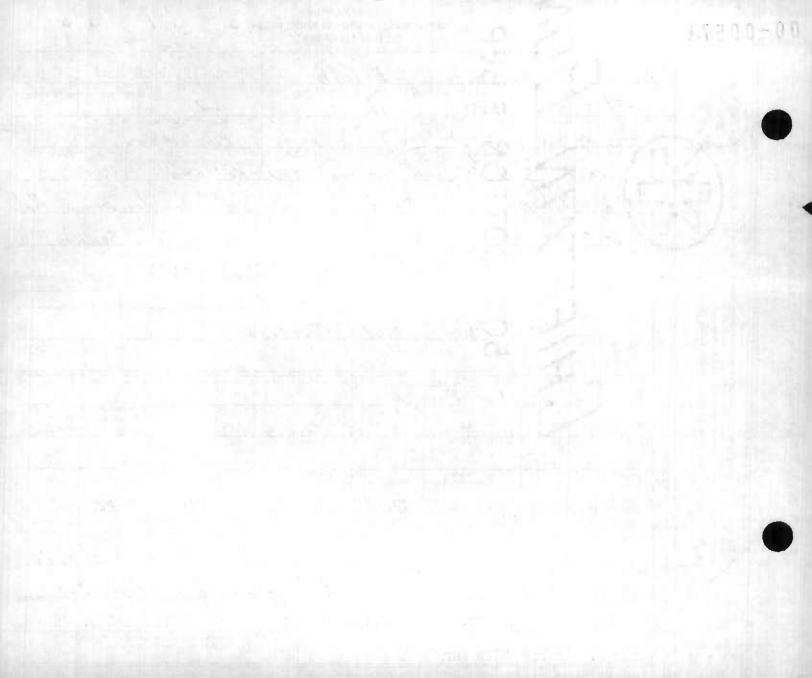
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I. FATHER'S NAME I. SAME PROBLEM I. SAME P					N 13d, INSIDE CITY I	LIMITS? 13e STREET ADDRESS	ZIP CODE	71716
ANDREW MOORE ANDREW MOORE RACHEL MACHEL	- i si			PACITIO		AIDEN NAME	icio, Midia	2 2 16
186 WAS DECEASED EVER IN U.S. ARMED FORCES! 186 SOCIAL SECURITY NO. 187 THE NOTION OF MANDOWN IN 187 T	dmin day		FIRST				110	JAST
The property of the property o	5 0-	34-1			HA INTERNALL	CHEL	HH	
The control of the co	opio adico		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)				
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DHMH - 10 COM 7/84 1 NUTTER SONS FUNERAC HOME, LNC. 130 DAILY COSTRAINS HEGISTRAYS SCHALLER	BP	24.0				UNL FRI	DHLIMOR	e, MD.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00-0057	FOR - STATE REGISTRAR	DEPA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O PREG. NO.							
	1. DECEASED NAME	FIRST MIDDLE	(AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
be of h		ames	Baluin	March 15, 1986	M					
poge r dec	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
4 88	Mal	e White	MONIH DAY YEAR 12 31 23	6-2 YRS	MONTHS DAYS HOURS MIN.					
50 41	TO BIRTHPLACE ISTATE OR FO	- 11100	RY? 8	9 BALTIMORE CITY OR COUNTY	OF DEATH					
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ap a a a	10 CITY OR TOWN OF DEAT	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION	126 KIND OF BUSINESS OR					
by the filed y	Baltimore	S. Baltimor	TREET ADDRESS) OF GENERAL HOSE.	Retined	Roofing					
d in d in	USUAL RESIDENCE (IF NURSIN	SHOME OF OTHER INSTITUTION GIVE RESIDENCE B		13e STREET ADDRESS / ZIP CODE	01061					
AND 124	Md.	Inne Arundel Glen	Burnie YES NO NO	810 Meada	wbrook Rd.					
RYL 2 sty	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE						
MA mple	Robert	Be	lein Carrie	WIDDLE	Jenkins					
Wicola Court	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 29 CAL	EGURNATOS 17 INFORMANT	ADDRESS						
IMO Pogo	no	7/8/8	3435A Mary A Belv	in same as 13						
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	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	LAT MOME STREET EACTORY OF	PICE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
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TENDI retal or TOR: A or use or use of Heal		his hospital) attended the deceased from			19 that (I) (we) lost					
AITE Sspite SCTO d for t of m 21) (did not) view the body ofter death.	9, and that in (my) (our) opinion of	death accurred on the date and hou	ond from the couses stated					
OR he he	22b. SIGNATURE	P1.	DEGREE	MEDICAL STAFF	271. DATE SIGNED					
RAI dete	40	my 1. Duma	MAN, ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/5/86					
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TO HOSPITAL retained by the TO FUNERAL 1 Should be detained the Store I WAPORTANT: II	Gary	K. Burman	S. Baltin	ore Gen. H	ospital					
	230 BURIAL, CREMATION, RI		231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE					
BP	Cremation	17 Mar. 86	Security Process	Catonsville	Balto. MD					
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR	ADDRI		REGIDARY REGISTRAR 256 REGIST	RAR'S SIGNATURE					
(VRA 15, 4)	James S. K	rkley Glen Burni	e MD	0 .000						



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

066001

1 - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS

7a BIRTHPLACE

14 FATHERS NAME

CERTIFICATION

MEDICAL

3 SEX

Kemp

1136 COUNTY

76 CITIZEN

11. NAME

MIDDIE

LIF YES, GIVE WAR OR DATE

IMMEDIATE CAUSE (O)

DUE TO

DUE TO

(IF NOT IN

I STATE OR FOREIGN

MORE

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT

160 WAS DECEASED EVER IN U.S. ARMED FORCE

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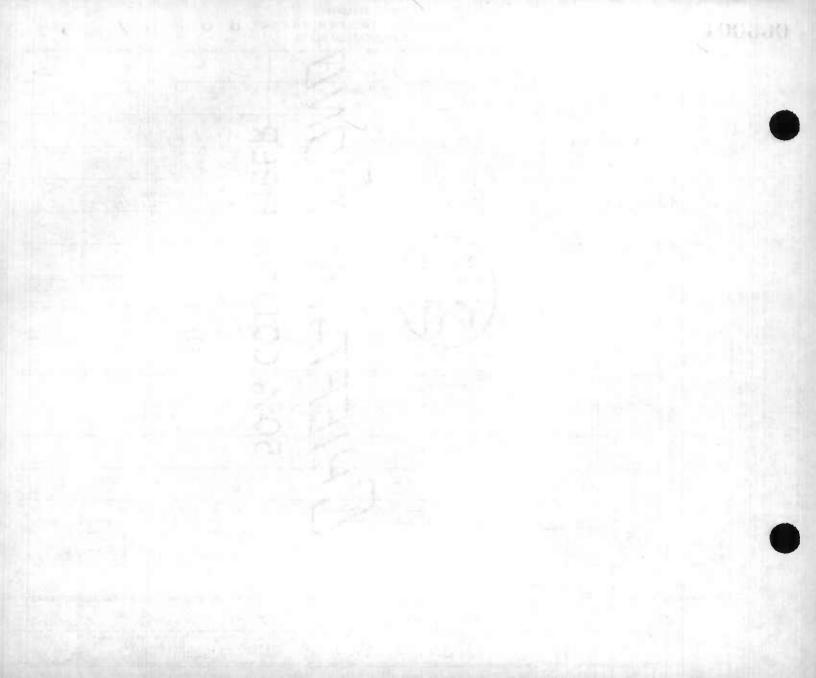
underlying couse lost.

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY.

PART 2 OTHER SIGNIFICANT CONDITIONS

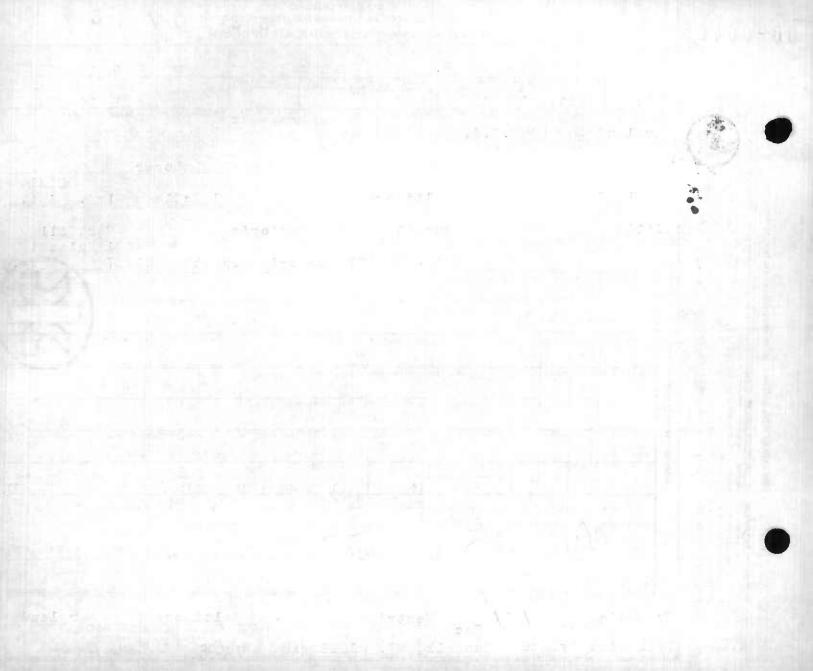
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CK	5 DATE OF	BIRTH	19%	7 6.	AGE IIN	YEARS LAST	BIRTHDAY	YRS	MONTHS	DAYS	IF UNDE	R 24 HR5 MIN.
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190 DATE OF OPERATION 19b CO 210. ACCIDENT WAS UNDERLYING HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLA I AT HOME NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended sow the deceosed alive on solve of view the be 22b. SIGNATURE 23a BURIAL, CREMATION, REMOVAL 23b DAT 10/86 Carrison Jarest Vet Mod, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1721 N. Momu St. 1: Nevidron Bonds



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	SH SH	M.C	TY OR TOWN OF DEATH		DSPITAL, NURSING HOME	, OR OTHER INSTIT	UTION 120	USUAL OCCU		E OF WORK	ZE KIND OF	
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	NO N	1	EXAMINER'S NAME		11/1/11		111 De	01	D- 14-		211	201
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG N FOR PURPLED INSECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT)De	nnis F. S	Smyth, M.D.	ADDRESS	III Pe	nn St.,	Balto)., Ma	. 212	501
	DASTA 8	23a.B	JRIAL, CREMATION, REMOVAL	23b DATE	23 NAME OF CE	METERY OR CREMAT	TOPY 23	SILLOCATION CITY PROWN	101	COMMIT	. (hail.
07/84	BP	1	QURIAL	3-8-8	6 VtRhul	15 moin.	TARY	BAI	10,	COUNT	, 7	170.
25M		24 F	JNERAL DIRECTOR	0	1.10000	JAM.	250. DATE REC'I	D. BY REGISTRA	AR 256 REGI	STRAR'S SIC	SNATURE	2 00
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	(4K WID WE (3))		BUNNIN	1000	total WIN	ONITION	1	0 700				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTI REGISTRAR 1. DECEASED NAME DATE KNOWN MONTH 25 HOUR (TYPE OR PRINT) ESTI-DEATH MATED E. Steven Bennett 1419 86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 2:22A 58 White 10 19 Ma.1e 14 19 86 TE CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRYS U.S.A. Maryland Baltimore City WIDOWED . DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Baltimore City Jail/401 E. Eager St. Laborer JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21214 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 5601 McClean Blvd. Maryland Baltimore YES X NO [Apt. A 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST William Bennett Marjorie Westfall 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS8001 Pulaski (YES. NO. OR UNKNOWN) 219-82-5777 Marjorie Bennett No 21237 Hgwv 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL. PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION **USED AS** E 3 SHOULD TO HE DEPARTMENT OF HE 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 21a EXTERNAL CAUSE WAS 215 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE WANGE A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR. PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN MARYIVAND, 21201 PRICK TO IN SHATIMORE, MARYIVAND, 21201 PRICK TO HOUR A.M. MONTH DAY YEAR UNDERLYING X OR ? XXXX 1419 86 CONTRIBUTING CAUSE OF DEATH Subject hanged self 218 PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC) CITY OR TOWN STATE WHILE NOT WHILE jai1 cell 401 E Eager St. Balto MD. 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Suicide X Homicide L. Undetermined manner ACTUAL Assistant. 3/14/86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3/17/1986 Baltimore Maryland Westview 07/84 24 FUNERAL DIRECTOR Duda - Ruck, 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5))

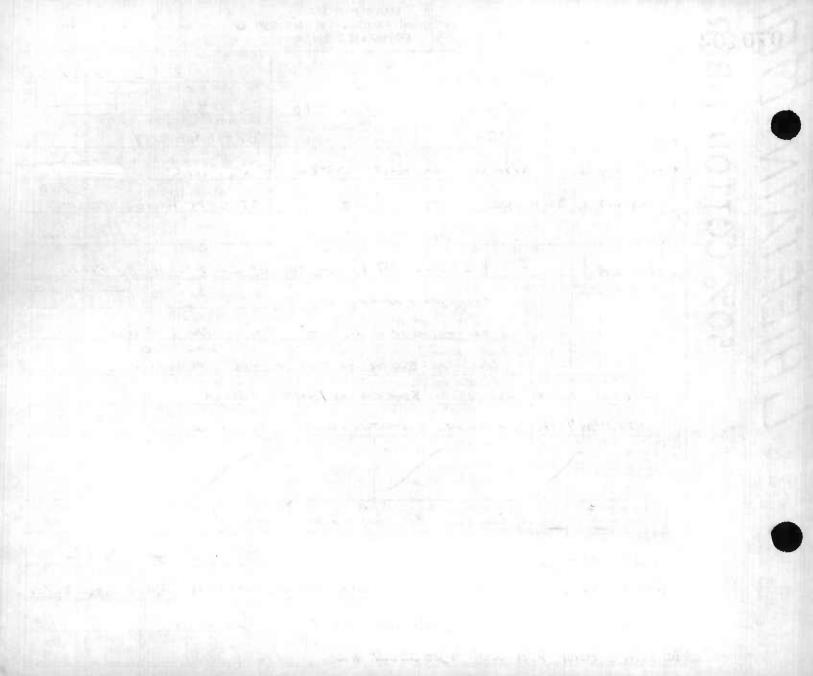


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3 112	IATE	KITAND	BALTI		ROSED		YES NOX	834			21237
1 11/0	M.F	ATHER'S NAME	MIDDLE		LAST	Mr. A	15. MOTHER'S MAIDEN	NAME	WIDDIE		LAST
1 1 1/20	1	ALBERT			BERN	DT	MARY	ANN		HOFF	
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To war all	23a I	BURIAL, CREMATION,		b. DATE		NAME OF C	EMETERY OR CREMATOR	23d LO	CATION TY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/84	24 F	NEW THECTOR		1211	ADDRESS	1		APR 0 1		REGISTRAR'S SIGN.	
(VRA 15, 4)		Jan Ja	but	(411	Chesa	ro K	ve ()	arn U 1	1900		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6

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may be page 3 er death	3 SE		4 RACE	5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY						
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LOI Los Lose S mo		220.1 certify that (this hospi		from	3 19 86	, to 3/5	19.26 that 15 (we) last					
Prio prio 21 i		sow the deceased alive on	1 view the body after death.	19 8 c., ar	d that in (🔫) (aur) apinian	death occurred on the date o	nd hour and fram the causes stated					
hos hos hed ept tem		22b NGNATURE	The wife oddy after death.		DEGREE		224 DATE SIGNED					
the Dal D		P. Walles			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/5/86							
SPIT.		224 PHYSICIAN'S NAME (TYPES	PRINT)									
TO HOSPIT TO FUNER should be continued by	- 3	PETER WALL	ICK M.D.		3100 WYMAN	PARIC DRIVE	BALTIMORE 21211					
Sh Sh Sh	23o E	SURIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATORY	123d LOCATION	B.0/1/10/2 21-1/					
BP_		Cremation .	3/8/86	1111-1 .	Memorial Park	A CITY OR TOWN	COUNTY					
	24 FI	JNERAL DIRECTOR	10/0/00	w willet		TE REC'D. BY REGISTRAR 256	PECISTRACE SIGNATURE					
DHMH - 16 60M 7/84 (VRA 15, 4)	W	illiam C. Haroh	F. H. West 43	300 Wabas	h Are M	AR 7 1986	is buydoon-handass					



1540S. TUNEVAL HOME

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X FIRST MONTH YEAR 2b. HOUR TYPE OR PRINT) OF ESTI-LINA BIDDLE 21/19 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED B 1909 75 DEAD YRS 21/19 86 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City. WIDOWED T DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 316 Hospital N. Monroe St. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 316 N. Monroe St. Md. YES X NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Susie Moore Unk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Gene Moore 246 Newcomb St. 20032 I (IF YES, GIVE WAR OR DATES) 32 0944 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, DATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gastrointestinal Hemorrhage IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEI DRIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 Arteriosclerotic Hypertensive Cardiovascular Disease 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? MER. THIS CER.
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TOR: PAGE 3 SHOULD BE USE
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TOR: PAGE 3 SHOULD BE USE YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK WHILE CITY OR TOWN COUNTY STATE Inspection XX 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from: Natural couses 14 Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 3/22/86 EXAMINER'S NAME Kauffiran, M.D. ADDRESS. (TYPE OR PRINT) Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY 23d LOCATION 07/84 BP. Da 25M 24. FUNERAL DIRECTOR 250. DATE RECID BY REGISTRAP 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

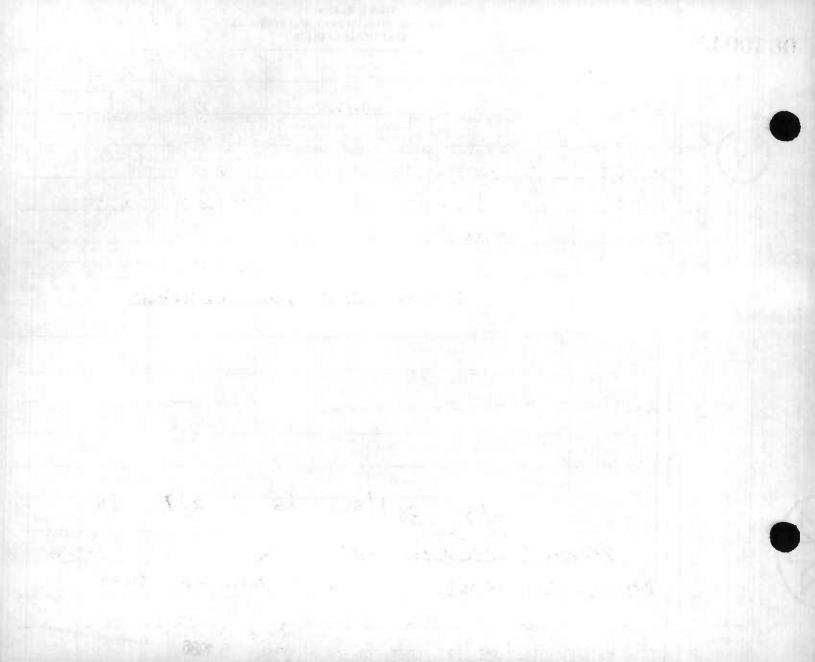
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DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

McCully Funeral Home, 130 E. Fort Ave. Balto. Md.

23c NAME OF CEMETERY OR CREMATORY March. 3, 1986 Glen Haven Mem. Park

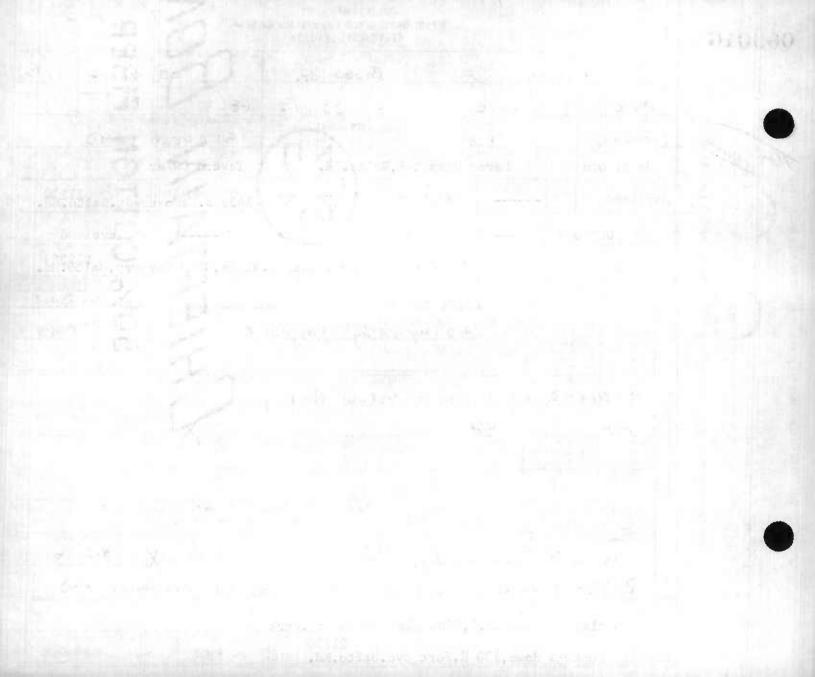
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86

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



23c NAME OF CEMETERY OR CREMATORY

Apr. 2, 1986 Garrison Forest Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

230 BURIAL, CREMATION, REMOVAL

Burial

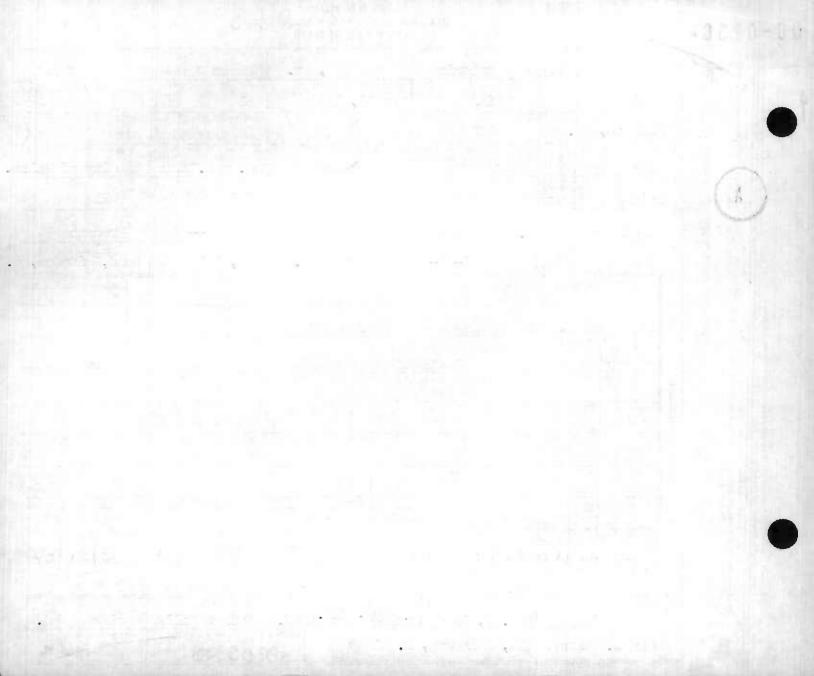
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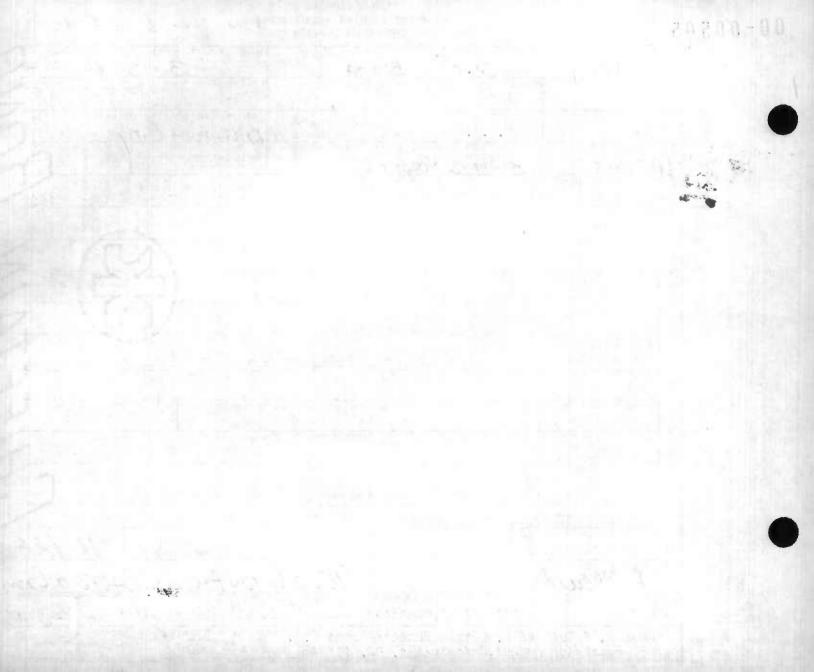
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STATE OF MARYLAND

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00-0050	51 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH REG. NO.							277		
ge 4 may be ector page 3 us after death	3 SE	emale	1	RACE White		BLA 5. DATE C MONTH Augu	BLAHA FBIRTH DAY 1928	20, DATE OF DEATH 6. AGE (IN YEARS LAST BIR)	MONTHS DAY 15 3 - 15 HDAY) IF UNDE	DAYS HO	HOUR JUNDER 24 HRS JURS MIN.		
s offer death. P.	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH			76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI		WIDOWE G HOME O		9 BALTIMORE CITY OR COUNTY OF DEATH 12a USUAL OCCUPATION (TYPS OF WORK FOR MOST OF WORKING LIFE) NOUSTRY HOME			MD. USINESS OR		
red within 24 hour	130 5	ALRESIDENCE IF NURSITATE Maryland ATHER'S NAME FIRST Ralph	Balt		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Catonsva McGin	elle	13d. INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NAM Kätheriv	ΛE	lingwood	Road Olker			
be execut		VAS DECEASED EVER YES, NO OR UNKNOWN) VO		MED FORCES? WAR OR DATES)	222-18-14		Hugh Blaha	Same o	us # 13				
CIAN: The law requires that the death certificate physician. ratificate has been signed by the attending physical control of transity permit. Then please remove carbon paparetal Hygiene prior to burial, cremation, or removal em 18 shows any rigiusy, or other traumatic event,	NOI	Conditions, if any, gove rise to imm cause (0), statinunderlying couse	as Caused IMMEDIATE which nediate g the lost	BY. CAUSE (o). DUE TO, O((b). DUE TO, O((c).	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	NCE OF	al isched social is Carcino arc NOT RELATED TO THE TERM	muffice	a cy	APPROXIMATE	TAND DEATH %		
	AL CERTIFICATION	190 DATE OF OPERAT 210 ACCIDENT WAS UND OR CONTRIBUTING C	ERLYING AUSE OF DEATH	21b. TIME O	FINJURY M. MONTH DA		NWAS PERFORMED	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUS	20b IF YES, WERI IN CERTIFYING (YES	CAUSES OF I	USED DEATH?		
ING PHYSI r afterding free this ce as the burn ith and Mer	MEDICAL	21d INJURY OCCURR	ED	21e PLACE			211 LOCATION STREET	CITY OR TO	NN CO	UNTY	STATE		
OSPITAL OR ATTEND and by the hospital or PUNERAL DIRECTOR And be detoched for use the State Dept of Head ORTANT: If hem 21 is missing the state of t		22a. I certify that (I) (this haspital) attended the deceased from							F 1 22				
TO HOSPITA TO FUNERA should be do with the Stori		H. MACA BURIAL, CREMATION, I BURIAL	is list	23b DATE 3/18/			METERY OR CREMATORY To Forest Veter	123d LOCATION CHYPRIONS OWN IN	gs Mills	190	Maryland		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL		Russe dson A	el C. a	Vitzke Fu	reral	Homes P. Asa DATE				while .		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRAR DECEASED NAME (TYPE OR PRINT) James Blair Blair JEAN ANDER S. DATE OF BIRTH MONTH DAY YEAR ONTH DAY YEAR ANDER S. DATE OF BIRTH MONTH DAY YEAR ANDER J. SEX ANDER J. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED Baltimore City Baltimore City Baltimore City Baltimore City Baltimore City MARYLAND DEAD DIVORCED DEAD DIVORCED DIV	
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MARYLAND U.S.A. WIDOWED DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF 8)	USINESS
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUS:	TRY
Baltimore 607 N. Pulaski St. CUSTODIAN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
136. COUNTY 136. COUNTY 136. COUNTY 136. CITY OR TOWN 13d INSIDE (ITY LIMITS? 136 STREET ADDRESS	2
MARYLAND BALTIMORE YES X NO 607 N.PULASKI ST. 2212	43
THIS! PRIS! MIDDLE LAS!	
UNKNOWN 1160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1160 SOCIAL SECURITY NO. 117, INFORMANT ADDRESS 21.200	
(YES, NO, OR UNKNOWN) IF YES, GIVE WAR OR DATES)	
NO 214-03-5559 ROSA . CARR 7 CANDLEWOOD CT	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	E INTERVAL
IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardiovascular Disease	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate (b)	
cause (o) stoting the <u>under</u> . DUE TO, OR AS A CONSEQUENCE OF	
lying couse last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Chronic Obstructive Pulmonary Disease 190. Date of Operation 190. Condition for which operation was performed? 20 Autopsy yes D	
Chronic Obstructive Pulmonary Disease 19a. Date of Operation 19b. Condition for which operation was performed? 20 Autopsy YES 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY HOUR AM MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	13
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UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
22a Certily that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinian	
death resulted fram: Natural causes X. Homicide, Homicide, Undetermined manner,	
ACTUAL DATE 2/27	
SIGNATURE M.D. Assistant MEDICAL EXAMINER SIGNED 3/21/	86
22a Certily that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion death resulted fram: Natural causes	
(TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	TATE
CHIOKIOWN COUNTY S	
BURIAL 3-25-86 KINGS LANSDOWN MARY	LAND
DYTH TAT	LAND

STATE OF MARYLAND

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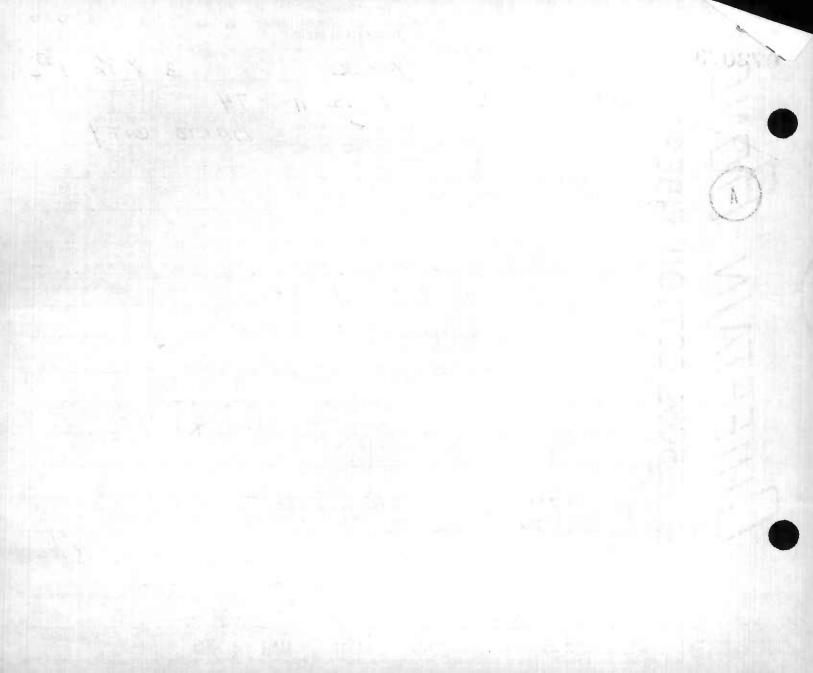
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ALT sicio persolo ol.		18 CAUSE OF DEATH (Enter of		r line far (g), (b), and	d (c).)			BETY BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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	Z	PART 2 OTHER SIGNIFICANT	- 1		PEATH BUT	NOI RELATED TO THE TERM	INAL DISEASE OR CO	ADITION GIVEN IN PAI	KI IIO
or ree	ATIC	190 DATE OF OPERATION	11.000		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS LISED
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The law requir ratending physician. After this certificate has been signs of the burial-transit permit. Then the and Mental Hygiene prior to be orked or Item. 8 shows any mium orked or Item. 8 shows any mium.	CERTIFICATION	DAIL OF OPERATION	110 60110	THOUSE OF THE STATE OF THE STAT	OFERATIO	THE TENTORMED	- 1	IN CERTIFYING CAL	USES OF DEATH?
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(VRA 15, 4)		6010 REISTERSTO				21215 MA	AR 1 8 1986	July Davidos	- Markings
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	1.	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 7 2 8 5 CERTIFICATE OF DEATH											
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Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

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ARTIST OF ANTINE

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEAT		IENE 8 6	0	1 %	5 0
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	3 SEX	4. RACE		S. DATE (6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
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	Missouri	U.S.	.A.	WIDOW			BALTIMORE	CITY		MD
	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	17a USUAL OCCUPATION			OF BUSINESS OR
	BALTIMORE		MEMORIAI		PITAL		Homemaker		J. J	
-	USUAL RESIDENCE (IF NURSING)	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDECITY LI	MITS?	13e STREET ADDRESS /	ZIP COD	F	
1	Md. ≪		Baltimo		YES XX NO		812 E. 35			}
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	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1	ADDRE	SS		
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	18 CAUSE OF DEATH (E PART I. DEATH WAS IMA	CAUSED BY MEDIATE CAUSE (0)	HART	FAI					BETWEEN	ONSET AND DEATH
	Conditions, if only, who gove rise to immedicate to immedicate to immedicate to immedicate to the course to the co	ost. (0) DUE TO, OI CANT CONDITIONS CO	R AS A CONSEQUE	NCE OF		HE TERMI	INFARCTIONAL DISEASE OR CONE	DITION GI	VEN IN PART 1	
1	DATE OF OPERATION	1 140 CONDI	HON FOR WAICH	OPERATIO	IN WAS PERFORMED	,		IN CERTI	IFYING CAUSES	S OF DEATH?
	710 ACCIDENT WAS UNDERLY	ING 216 TIME O	F IN II IRY		171r HOW IN ILIRY	OCCUPP	YES NO		ES DARI LORDARI 2)	NO 🗆
	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	m. month da m.	Y YEAR		OCCORK.	ED (ENTER NATURE OF INJUR	T IN IIEM 18	PART TORPART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY LEET FACTORY OFFICE FA	ARM ETC)	21f LOCATION STREET	1	CITY OR TOV	VN	COUNTY	STATE
	22a I certify that (I) (the	s hospital) attended the live on (did not) view the body		1 3	//0	60 opinion d	eoth occurred on the do	te and ha		that (I) (we) lost
	226. SIGNATURE	A John View the Body	offer deam.		DEGREE	0110			TH. DATE	SIGNED /
	72d PHYSI MN'S NAME	MIPPEN, M	2		ATTEN PHYS	IDING ICIAN	MEDICAL STAF		3/2	2/06
		HOPPER, MD				IION	MEMORIAL HO	SPTTZ	ΔT.	Estable 1
1	230. BURIAL, CREMATION, REM		73c N	IAME OF C	EMETERY OR CREM		23d LOCATION			
	entombment	3-25-8	R6 Du	lane	Valley		Baltimore	. Md .	COUNTY	STATE
	24 FUNERAL DIRECTOR				raiseg	250 DATE	BC BBY REGISTRAN		TRAR'S SIGNAL	LUREnde
	Teonand 7 D	mak Tma	ADDRESS	~ -		TVI	11 2 1 1300			

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

DHMH - 16 60M 7/84 (VRA 15, 4)

	1	FOR		DEPARTI		E OF MARYLA EALTH AND A		IENE & A	0	12	8 9
00-00712	η.	STATE REGISTRAR		PSI AILI		ICATE OF D		REG. N	Ю.		
- /		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
moy be , page 3	(417)	Henry	7	E.	Во	llinger			3 1	8 86	M
bod et d	3. SE		4 RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	
octor s off		Male	Whit	e	10	18	18879	98	YRS.	ONTHS DAYS	HOURS MIN.
Po dir	7a. B	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	D KNEVER A		9. BALTIMORE CITY		OF DEATH	
Too hero		Pa.	U.	S. A.	WIDOW		VORCED	Baltin	ore Ci	tv	MD.
p july	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME		NOITUTION	12a USUAL OCCUPAT	ION	126. KIND O	OF BUSINESS OR
4 4 4		Balto.		. Monaste		e.		Furnitur			
6 1 2 5 3	USU	AL RESIDENCE (# NURSING HOME OTATE 13b COL	OR OTHER INSTITUTION		E ADMISSION)		ITV LIALITES	13e STREET ADDRESS	D-14	0., Md	
1 135	130.	Md.	INIT	Balto.	N	13d. INSIDE C		238 S. Mor			
A with	14. F/	ATHER'S NAME FIRST UNK	WIDDLE	LAST			MAIDEN NA/			LAS	
E. M.	160 \	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECL	JRITY NO.			S. Monaster	S AVE	- Ral	to Md
be execut on and co			SIVE WAR OR DATES)	218-01-2			E. Boll:		J Mvc.	#21	.229
BAL sote operation wal.		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	only one couse pe	r line for (a), (b), an	id (ch)						MATE INTERVAL ONSET AND DEATH
SI.,			ATE CAUSE (0)	DEHYD	RATI	ON				2 w	EEKS
on the corbin of			DUE TO, C	R AS A CONSEQU	ENCE OF						
dea dea otte		Conditions, if ony, which gove rise to immediate	(ib)_								
W. PRESTON ST on the death certi by the ottending p ise remove carbon cremation, or ren other traumotic ev		couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQU	ENCE OF						
201 plec uriol		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	VDITION GIVE	N IN PART 1	0'
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ratending physicion. Wher this certificate been sig on the burnel-transit permit. Then th and Mental Hygiene prior to b orked at them-8	NO NO	DIPLEGIA, C	AROIAC	ARRHITHM	IAS.	CHF					
So w re	18	190 DATE OF OPERATION		OITION FOR WHICH			RMED	200 AUTOPSY?		WERE FINDIN	
he lo on. has	CERTIFICATION							YES NOW	YES	ING CAUSES	NO [
VITA Ysicite Consider	E E	210. ACCIDENT WAS UNDERLYING			AV VEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART 2)	
ON OF VI	1	OR CONTRIBUTING CAUSE OF D	CAIN	.M. MONTH D.	AY YEAR	O					
HYS HYS HYS HYS Or M	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	NC	CITY OR TI	OWN	COUNTY	STATE
VISI	2	WHILE NOT WHILE AT WORK	I AT HOME ST	TREET, FACTORY, OFFICE, I	FARM, ETC)	STREET		Citi Ox			3.7.1
APIN APIN OF THE POINT OF THE P		22a.\$ certify that (1) (This has	etal) ottended, t	he deceosed from_	Teach and	1/30	19 8 0		0	9 86	that (I) Towallast
TITEN Pirtol TOR for u of Hi		sow the deceased alive of above, (1) [ma] (and) (did i	3/4	19_	86.	nd that in (my)	(out) opinion	death occurred on the c	ote and hour	and from the	couses stoted
IREC hed hed hem them		22b. SIGNATURE			100	DEGREE				22c. DATE	SIGNED
0 0 0 0 ±		Walt	1 als,	MO		A	ATTENDING PHYSICIAN Y	MEDICAL STA	FF CIAN [3/1	7/86
HOSPITAL med by the FUNERAL vid be det vithe Store	1	224 PHYSICIAN'S NAME TYPE	OR PRINT)			220 ADDRES	5301/	MARYDELL	RO		
		WALTER	J. F.	TCT, M.D.			BALTI	MORE) MP	2122	7	
5 5 5 4 3 3	23a	BURIAL, CREMATION, REMOVA	AL 236. DATE	230	NAME OF C	EMETERY OR		23d. LOCATION			27.3
BP		(SPECIFY) Burial	3-21-	-86 W	oodla	m Ceme		CITY OR TOWN	Bal.		Md.
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	2	35/2 Fr	dence	Ave,	MARN	E REC DEN BEGISTRAL	256. REGISTR	ARSSIGNAT	TURE
(VRA 15, 4)	G	Truman Jefe		BALTO	MA	+ 2/219	CAN-11	5			

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

		REGISTRAR				CERTIF	CATEOFI	EATH		REG. N	0				
		CEASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE C	FDEATH		DAY	YEAR	26 HOUR	
	(TYPE	OR PRINT)	heodoi	ce	A.	Bo	ond, Sr				31	6/8	86	400	A
1	3. SEX	X		4 RACE		5. DATE O	FBIRTH		6. AGE (IN	YEARS LAST BIR	RTHDAY)	IF UNE	DERTYEAR	IF UNDER 2.	1 HRS
1		Male	44.0	BLa	ck	MONTH	6	19	66		YRS		DAYS	HOURS	MIN.
9	7a BII	RTHPLACE ISTATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED T		ORE CITY O	_		DEATH		
5	٧	irqinia		U.	S.A.	WIDOWE		VORCED	Bal	timor	e Cit	:У,			MD.
10		TY OR TOWN OF DE	ATH	11. NAME OF	OSPITAL, NURSIN	IG HOME O	ROTHER INS	TITUTION		OCCUPATI				F BUSINES	SOR
4	ZValiv	Baltimore			Memoria.		pital		N/	RK FOR MOST O	JF WORKING	LIFE	VDUSTRY		
I	13a. S	STATE	136 COUN		13c CITY OR TOW	N	13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS MArb	ZIP COL	DE	relien	01004	
1		ryland	-		Baltimo	ore	YES X	NO 🗌		MArb	le Ha		Road	21239	9
100	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	WIDDLE			LAS		
		William		Α.	Bond		Su	sie				Be	ell ⁱ		
	16a W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMA	INT		ADDRE	ESS	7	1		
		NO OR UNKNOWN)	(IF 185, GIV)	WAR OR DATES)	129-18-1	1556	Ernes	tine Bo	ond 46	39 Mai	rble	Hali	1 Roa	ad	
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			IMMEDIAI	E CAUSE (a)											
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		gave rise to im	mediate	(b)											
		cause (a), stati			R AS A CONSEQUE										
		2.27.0 07.150 6.0		(c)	anem										
	Z	PART 2. OTHER SIG	NIFICANIC	ONDITIONS CC	DNIKIBUTING TO L	DEATH BUT	NOTRELATEL	10 THE TERM	AINAL DISEAS	SE OR CON	IDITION G	IVEN IN	I PART 1 c	5	
	CERTIFICATION	19a DATE OF OPERA	ATION	19b CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUT	OPSY?	20b. IF Y	ES. WEI	RE FINDIN	VGS USED	_
/	F.	14.						04		-/	IN CERT	TIFYING		OF DEATH	?
	ERT	210 ACCIDENT WAS UN	JUL DERLYING	21b. TIME O	F IN II IRV	-	121r HOW IN	JURY OCCUR	YES []	NO		YES []	00.0407.31	NO 🗌	_
7		OR CONTRIBUTING	_	LIMITE A	M. MONTH DA	AY YEAR	111.11011	JOKI OCCORI	KED TENTERN	ATURE OF INJUI	BI MILITALITAL	PARITO	JR PART 2)		
1	ICA	(IF EITHER NOTIFY MED				19		211			<u> </u>				
	MEDICAL	21d INJURY OCCUR		21e PLACE (OF INJURY SET FACTORY OFFICE F	ARM ETC)	21f LOCATE			CITY OR TO	WN	C	OUNTY	STA	TE
		AT WORK AT WO	ORK U												
		22a I certify that (I	This haspit	attended th	e deceased fram_	0/3	1	_ 19_86		3	6	. 19_5	56	that (I) we	e) ast
		saw the decease		view the bady	after death.	on on	d that in (my)	(au) opinian	death occurr	ed an the do	ate and ho	out and	from the	causes state	ed
		226 SIGNATURE	,	11			DEGREE					2	220 DATE	SIGNED	
		10/10	stone	SUlen	man 1	M	-	PHYSICIAN [MEDICAL DIRECTOR	STAI		-	3/	6/86	
		224 PHYSICIAN S N	IAME (TYPE OF	HOUSE)		22e ADDRES							1	
		Mer	tine F	. Verma	ny, M.D.	5.34		Uni	ion Me	moria:	l Hos	pita	al		
		SURIAL, CREMATION	, REMOVAL	23b DATE			EMETERY OR		27 · LOC						
		BURIAL		3/10/	86 . 0	edar	Hill Ce	emetery	Anne	Ärun	del (Co,	INTA	Md. STA	ire.
		JNERAL DIRECTOR						25a. DAT	E REC'D. BY	REGISTRAR	25h REGIS	STRAR'S	SIGNAT	URE	

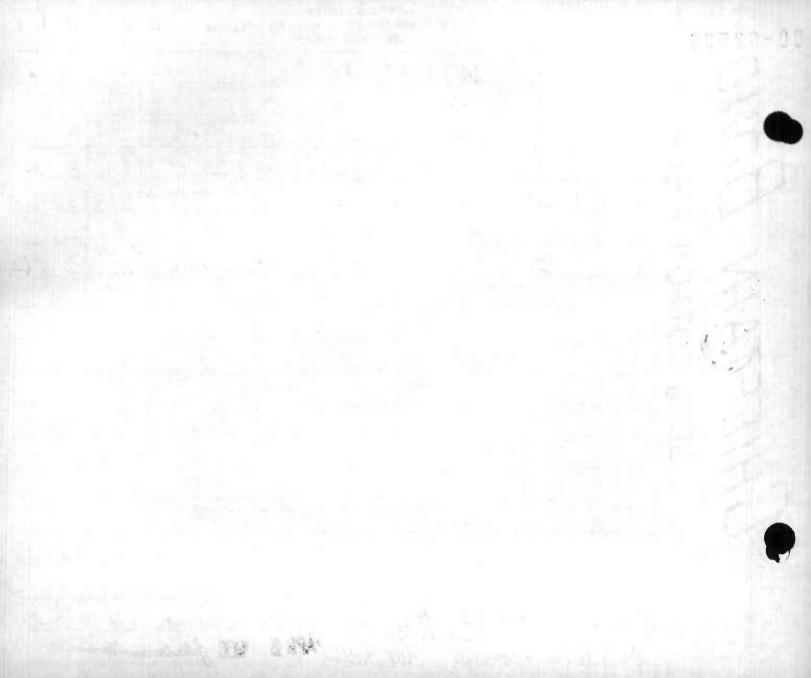
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

March Funeral Homes 1101 E North Avenue

MAR 1 0 1986 Julie Guiden Porders

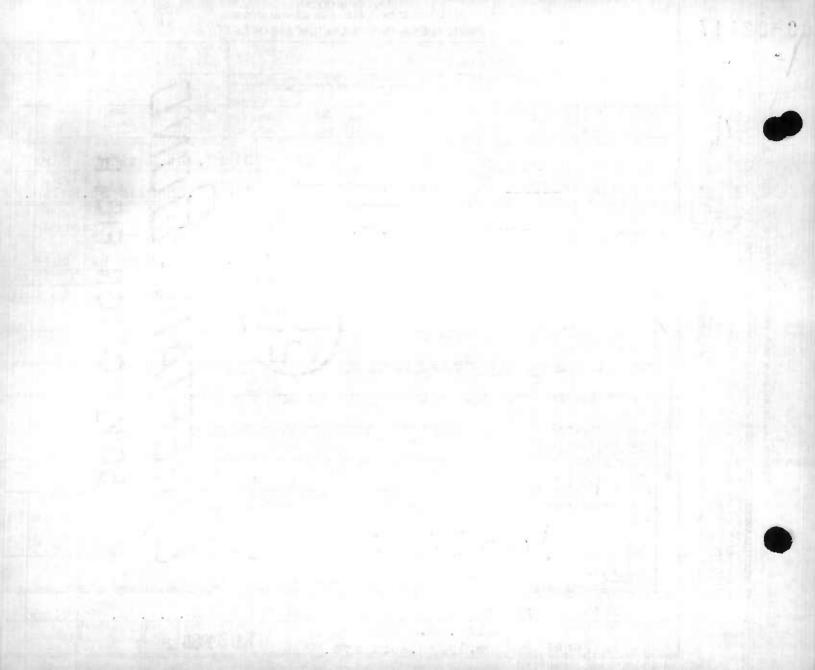
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 070083 MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG NO DECEASED NAME OF ESTI-26. HOUR (TYPE OR PRINT) E FUNERAL DIRECTOR E 5 FOR YOUR FILE ED, WITHIN 7 HOURS I, W. PRESTON STREET BOOKER GERALDINE DEATH MATED H 19) SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED DEAD 5:20ar 54 Female. Black YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) 1, 2, AND 3 TO THE FUN M 3, RETAIN PAGE 5 FU P 2 SHOULD BE FILED, W. FAL REGORDS, 720, W. F WIDOWED DIVORCED + USA Va Baltimore City 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! 3901 Yolanda Rd. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3901 Yolanda Rd. 21218 Md Balto. YES X NO [] RALLAR AFTER DE GIVE PAGES . TH FORM PM S. TAND 2 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Sheppard Hollman Lucille Bristowe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES! Carolyn Jones 3717 Yolanda Rd. 214--30-4734 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ASA CERTIFICATION 19c. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENTO BALTIMORE, MARYLAND, 21201 PRIOR TO BURI NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inquiry X 22e. I certify that I took charge of the remains described above, held on and in my opinion Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3 - 4 - 86Assistant MEDICAL EXAMINER SIGNATURE SIGNED Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3/8/86 Burial BP Baltimore Cem Baltimore Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Wm. NAMC. March F-H 1101 EDDRE North Ave. (VR A15 ME (5))

STATE OF MARYLAND

			1	FOR Film GE	ol5 item	3,4,5,6,	DED A DT MENT	STATE OF M	AARYLAND AND MENTAL	HYCIENE	- 0	~ >	0 3	
10=	- 0	2417		- STATE 5/1/86 REGISTRAR	rja				ERTIFICATE		REG, NO	Con Con	7 0	
1			01	DECEASED NAME	FIRST		MIDDLE		LAST	2a D			DAY YEAR	26 HOUR
4.	•	38.8.8.E.	4	(TYPE OR PRINT)	KAY	Car	ol	BOOKE	ER		OF ESTI- X	3-29-	0619	M
,		THE STATE OF THE S	3.	SEX 4. RA		5. DATE OF BIRTH		(IN YEARS IF UN	DER 1 YR. IF UNDE			MONTH	DAY YEAR	2d HOUR
		S NECESSARY, PLEASE FUNERAL DIRECTOR. E FOR YOUR FILES. CALLEN YOUR FILES.	1	Female Wh	ite	July 27,		39 YRS.	AS DAYS HOURS		OUNCED DEAD	3-29-	86 19	8:18F
	_	S A Z E	67	BIRTHPLACE (STATE OF	1	76 CITIZEN OF WE	AT COUNTRY?	8 MARR	ED NEVER MARI	RIED 9 BA	LTIMORE CITY C	OR COUNTY	OF DEATH	
		AND THE REAL PROPERTY OF THE P	2	Maryland		USA		WIDOW	ED DIVOR	CED 🗆 Ba	altimore			MD.
		AY IS PREED THE F	0	CITY OR TOWN OF D	ATH	11. NAME OF HOS	PITAL, NURSING	HOME, OR OTH	ER INSTITUTION	120 USUAL O	CCUPATION (TYPE WORKING LIFE)	E OF WORK 17b	OR INDUSTE	SINESS
		DELAY IS TO THE P N PAGE BE FILED DS, 200	2	Baltimore		South !	Baltimor	e Genera	al Hospita	lClerk	,1st.Na	ationa	al Ban	ik
	10	Y DELY 3 TO 3 TO RDS.	U	SUAL RESIDENCE (# IN P	IURSING HOME OF	ROTHER INSTITUTION GI	E RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?				21230	1
	21201	ANTEGRA	2	Maryland	130.000141		Baltin	ore	YES NO	1823	S.Char	les St	t.Balt	o.Md
7	MD.	12333	1 1	FATHER'S NAME		A IDDIE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
-		3555	26	Paul			Kaise	r.Sr.	Hele	n		Ar	nderso	n
	W	N C O A D	10	(YES, NO, OR UNKNOWN)		AED FORCES?	16b. SOCIAL SE		17 INFORMANT		ADDRESS	3		
	BALTIMORE	F # # # # C		No	(IF TES, GIVE V	VAR OR DATES	212-46	-2979	Mr.Calvi	n D.Bo	oker.Sa	ame as	abov	re
				18 CAUSE OF DEA	ATH (Enter anly	y one cause per line	far (o), (b), and (e		100				APPROXIMATE BETWEEN ONSET	INTERVAL
	N ST	O S S S S S		PART I DEATH	WAS CAUSED	BY:	Multiple	drug in	ntoxicatio	n			BETWEEN ONSET	AND DEATH
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	PRESTON ST	FER JEEN SEAM		Canditians, if		4)						- 25		
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		AAL BANDAAND		PART 2 DINER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO T	NE TERMINAL DISEAS	E DR (DNDITIDN GIVEN IN P	ART 1 in				
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	95	HEA MEA	7	19a DATE OF OPEI	RATION	196 CONDIT	ION FOR WHICH	OPERATION W	'AS PERFORMED?				20 AUTOPSY?	
	I	CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE.		≝		DE YORK						200	YESXX	NO 🗆
	OFV	MENTES SEL	7	210 EXTERNAL CA		21b. TIME OF		21c. HC	OW INJURY OCCURR	ED LENTER NATURE	OF INJURY IN ITEM IS	PART I OR PART 2		140 🖸
		PETA THE AND T			OR CAUSE OF D	HOUR AM	3/29	19 86 in	gestion of	drugs				
	DIVISION	SHOP TO TO THE PRICE PRI		CONTRIBUTING [21e PLACE C	DE INJURY (ATHO		CATION	41 490	1			
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		TA A A A L	-	AT WORK AT	WORK A	110	iii C			THICKL	MIGCT CO	· / rica.		
		M A C S H Z		220. I certify tho	t I taok chorge	of the remains des	cribed abave, held		sy X. Inspection	on L. Inq	uiry L or	nd in my opinio	an	
		ME BE BE		deoth resulted fro	m: Noture	al causes 🔲,	Accident	Suicide X	, Hamicide .	Undetermine	ed manner,			
		EXAMIN CERTIFIC CULD BE I DIRECT		ACTUAL		10	1	nn.	TITLE (SPECIFY)	ALC: N		DATE		1.06
		ATH ATH	1	SIGNATURE	W	Myse	11/2/2	Well M	Assistant	MEDICAL E	XAMINER	SIGNED.	- <u>26</u> 3−3	T-00
		TO MEDICAL ED EXECUTE THE CIP PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, W	1	EXAMINER'S NAM	E	Marc	arita A.	Korell	_M_D_	11	1 Penn S	Street		
		A FTE	- 2	(TYPE OR PRINT)	DEALOVAL I 22			OF CEMETERY O		23d. LOCATIO				
		2 /	1	(SPECIFY) Buria						CITY OF TOW	N	COUNTY	_	ATE
	7/84 5M	BP/05	2	1 FUNERAL DIRECTOR		4/2/1980			Cemeter	SECID BY REGI	to . A . A .		lary la	nd
		DHMH - 17 (VR AI5 ME (5))	ľ	McCully F	ham o	HOUNEUD	o.Md.21	- 1	A	PRO31	386 Suma	Davidson	- Jondan	Ker
		(AK WID WE (2))		LICCULTA L	unera	I Home.	() () H; H	Ort AT	0	I II U U K	NO VI		-	



injury, or other troumotic

should be detached for use as the burial-transit permit. Then please remove call with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or

IMPORTANT: If hem 21 is morked or them, 18 sho

	TA	TE OF	M	ARYL	AND
DEPARTMENT	OF	HEAL	TH	AND	MENTA

L HYGIENE CERTIFICATE OF DEATH

CES	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	REG. NO.	0 7 2	7 4
		CEASED NAME FIRST OR PRINT) LATTIE	MIDDLE	BOOK	er Er	3/19/84	NTH DAY YEAR	26. HOUR 11: 27 AM
	3. SEX	France	BLACK	5. DATE C	9 1970	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
AZ		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	DIVORCED	Batto City		MD
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DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X a. DATE MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-URS AFTER DEATH. IF AND 31 OTHE FUNEARAL DIRECTOR.

WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES.

II. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURS.

DIVISION OF VITAL RECORDS, 721 W. PRESTON STREET, DEATH MATED THEODORE BOROWSKI 86 19 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD 19 86 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY MARYLAND Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 2801 Fait Ave. Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME FIRST (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION BE USED AS A NT OF HEALTH BURIAL, CRE 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CHIEF Head Only FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT C AND, 21201 PRIOR TO BUR 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING TO OR MEDICAL 3-11- 19 86 Self-inflicted. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) COUNTY STATE home 2801 Fait Ave., Balto. MD 22a I certify that I took charge of the remains described above, held an and in my apinian Suicide X death resulted from: Notural causes Accident Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, 111 Penn St., Balto., MD M.D. 21201 (TYPE OR PRINT **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b DATE 07/84 BP 25M NERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE O

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DHMH - 16 60M 7/84 (VRA 15, 4)

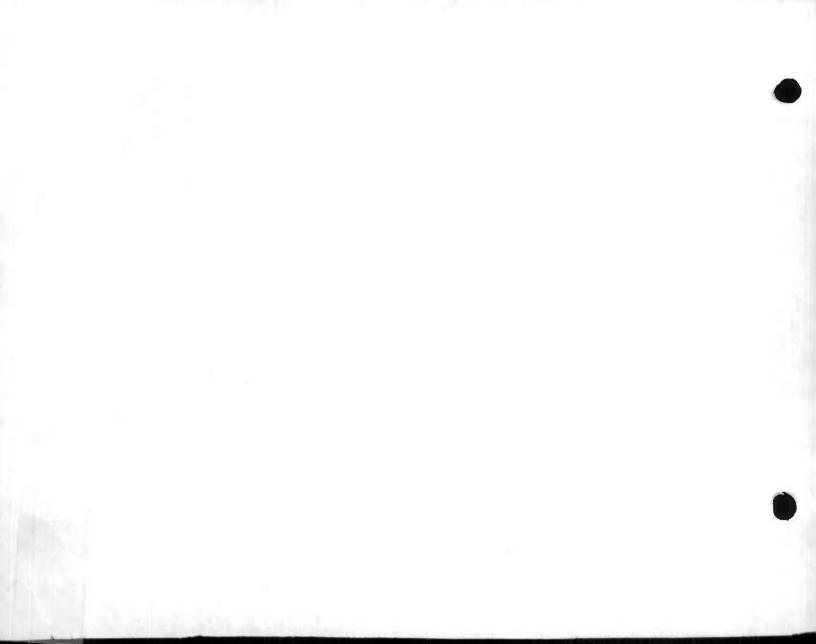
24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

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CERTIFICATE # 07298



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RELEASED AS NON-MED PER HE GREGORY AND DR.	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attrement any increase, filled in by the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remover no remover, with the State Dept. of Health and Mental Hygiene prior to burial, cremainan, or removal.
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGLENE S

CERTIFICATE OF DEATH

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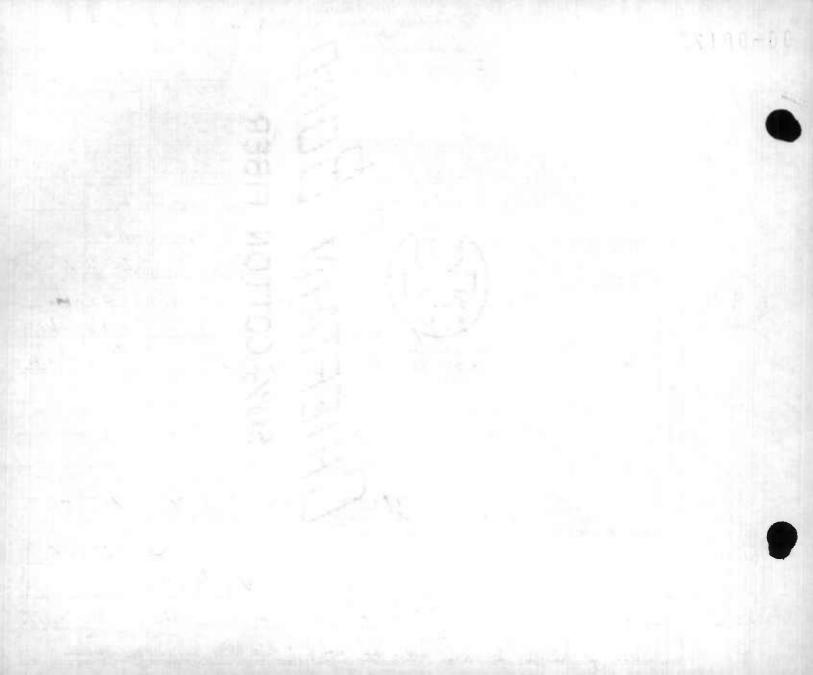
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STATE OF MARYLAND



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	D		CEASED NAME E OR PRINT)	Sylve	ector Mc	ntel	la	F	ragg		2a.	DATE KNO OF EST DEATH MAT	11-		YEAR 19 86	26 HOUR
	PLEASE INFECTOR. R FILES. HOURS STREET,	3. SEX	_	RACE White	5. DATE OF BIRTH 19/28/19/		6 AGE (IN YEAR	S IF UN	DER 1 YR.	IF UNDER 2	24 HRS. 2c		MŌN	TH DAY	YEAR	2d HOUR 1:24F
	POSTON NO.	79 BI	RTHPLACE (STATE	a	76 CITIZEN OF WH	AT COUNT	TRY?			VER MARRIE DIVORCE	ED 🔲	BALTIMORE	city or co	UNTY OF D	19 86 EATH	M
		V	TY OR TOWN OF		IN NAME OF HOSP (IF NOT IN SUCH FACE Francis S	ILITY, GIVE ST	REET ADDRESS)	OR OTH	ER INSTITU	TION	12a. USUAI		ON (TYPE OF WO	ORK 12b. KIN	ID OF BUS INDUSTR	Y
21201	RETAIL RECORD		Maryland		OR OTHER INSTITUTION, GIV	E RESIDENCE		N)	A 1		13e STR	ARTHSh	ip Rd.			3
BALTIMORE, MD. 21201	PW STH.	14) F/	ATHER'S NAME	UNKN		ı	AST		15. MOTHE	R'S MAIDEI	NAME	UNKNC	WN		AST	
ALTIMO	MURS AFTER DE 18. GIVE PAGE WITH FORM AIT. PAGES AN DIVISION OF	16a. Y	YAS DECEASED E	VER IN U.S. AR) (IF YES, GIVE	MED FORCES? WAR OR DATES)		.50.794		Juar	nita B	ragg	(Wife)	ODRESS (Sam	e as	13e)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	WITHIN 24 HOLENCIL IN ITEM 18 MINER ALONG 1 TRANSIT PERMIT N'AL HYGIENE, OR REMOVAL		PARTIDEAT Conditions, gove rise	H WAS CAUSE IMMEDIA if any, which to immediate sting the under-	TE CAUSE (o) HYE	ertro AS A CON	ophic o	F	omyop	oathy				AP BETW	PRÖXIMATE VEEN ONSET	INTERVAL AND DEATH
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D 212	24 hou	1/2	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b, COU	or other institution JNTY alto.	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	2 E. Fell	owship C	t., 21204
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ARY	0 = /	D.	7	FIRST	WIDDLE	LAST		FIRST	Unknown		LAST
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ALTI	sicior pers. al.	6		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe	r line for (a), (b), an	d (c).)			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
3	phy phy npo	ven		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Cardio	ue c	errest			
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8	the remo	her t		couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQUE	NCE OF	-			
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SOR	E - L .	in /	CERTIFICATION	19a DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
L RE	n. nos be	3	IFIC						YES TO NOTE	YES T	AUSES OF DEATH?
AT/	hysicio icate ransit Hygie	8	CERT	218. ACCIDENT WAS UNDERLYING	216. TIME C		/	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR P.	ART 2]
9	4 0 1 10	Head 1		OR CONTRIBUTING CAUSE OF E	76-A111	.M. MONTH D	AY TEAK				
DIVISION OF VIT	¥ pro dit	ž /	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ARM STC 1	21f. LOCATION STREET	CITY OR TOW	vn coun	NTY STATE
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	OR A be has Dept.	He He		225 SIGNATURE	Jana			DEGREE ATTENDING	MEDICAL STAI		DATE SIGNED
	44 448	2-1		276. PHYSICIAN'S NAME	17/		1	PHYSICIAN [DIRECTOR PHYSIC	IANO -	1/12/96
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	or or sho	₹	23a. 1	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
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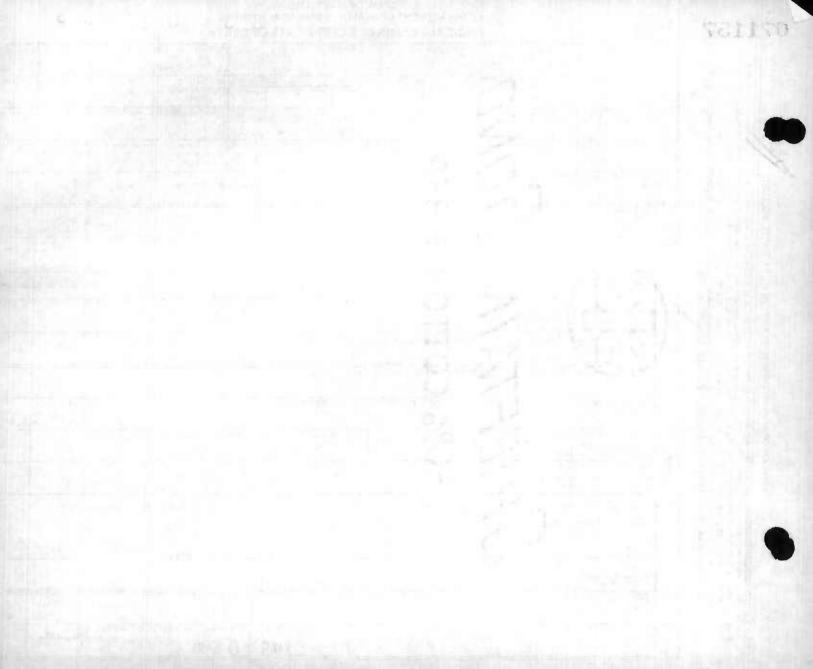






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ORE, MD. 21201 DEATH. IF ANY DEL AGES 1, 2, AND 10 AM PA 3. RETA 1 AND 2 SHOULD RE OF VITAL RECORDS.	F	dward		WIDDLE	Brew		Milli	P	WIDDLE		Smith)
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IL RECORI VILD BE ED "PENDIN EF MEDIC FE AEDIC FE AEDIC F	CERTIFICATION											
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S C C C C C C C C C C C C C C C C C C C	¥	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN	co	UNTY	STATE
BE: THIS CERTIFICATE SHOULD INTEREST. WHIS CERTIFICATE SHOULD INTEREST. WHIS WAS WARROED TO THE CHIEF MR: PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD IN 21201 PRIOR TO BURIAL, CONTRACTOR OF THE MR.		AT WORK	AT WORK						- Fresh			
L EXAMINER: 1 E CETIFICATE, VUDID BE FORW, MINITHE SI		220 1 certify	y that I taak charg	e of the remains desi	cribed abave, held a	n Auta	osy 🔲 , Inst	pectian	Inquiry XX	and in my ap	noinia	
MA FIRST PARTY AND THE PARTY A		death resulte	d fram: Natur	ral causes XX,	Accident,	Suicide	, Hamicide	Unde	termined manner	᠘.		
EXAMI CERTIFICOULD BE DIRECTOR WARYL		A CTUAL		100	1		TITLE (SPECI	FY)				
AHONE -		SIGNATURE_	V		1	^	Assis	tant MEI	DICAL EXAMINER	DATE	3/	7/86
MEDIC CUTE IT SE 4 SH FUNER TIMORE	7	EXAMINER'S	IAAAE	0,	1/							
	-	TYPE OR PRIN	T) Gre	gory R. Ka	auffman, N	1.D.	ADDRESS	111	Penn St.			
DA DE PAGE	23o. 8		ION, REMOVAL	36 DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L	OCATION Y OR TOWN	COU	NIV	STATE
07/84 BP		Burial		3/12/86	Eastvie	w Cem	etery	Ba	altimore	000		Md
25M DHMH - 17		UNERAL DIRECT		and the same			25o. [Y DEGISTRAD 125h B	REGISTRAR'S	GNATURE	
(VR A15 ME (5))	M.	irriam C	. March	F/H Wests	4300 Waba	sh Ave	nue M	MAR 1 C	1986	wwwida	Mark Land	



DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

REGISTRAR

WALTER

n/a

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH 26 HOUR James BRICE MARCH 11, 1986 4:10 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 24 28 Black TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY U.S.A WIDOWED DIVORCED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21213 13d. INSIDE CITY LIMITS? 2304 E. Federal Street BacII/98 TOWN YES X 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Brice Elizabeth Brice ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 250-40-4634 Frazier Brice 2805 Mohawk Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF noviv DUE TO, OR AS A CONSEQUENCE OF MIMBURIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 21¢ PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC) , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

220 I certify that (I) (this haspital) attended the deceased from 27b. SIGNATURE

77e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Cem.

Balto.

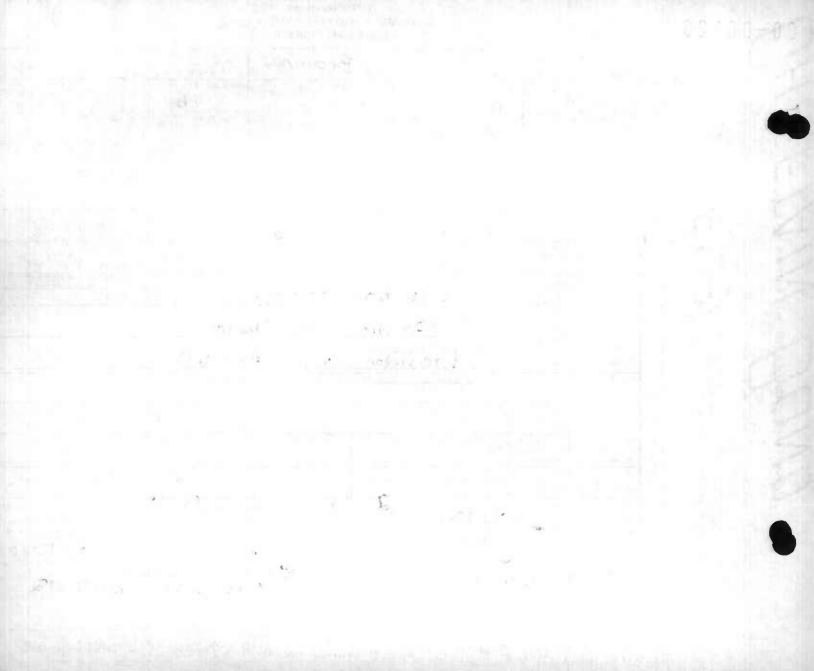
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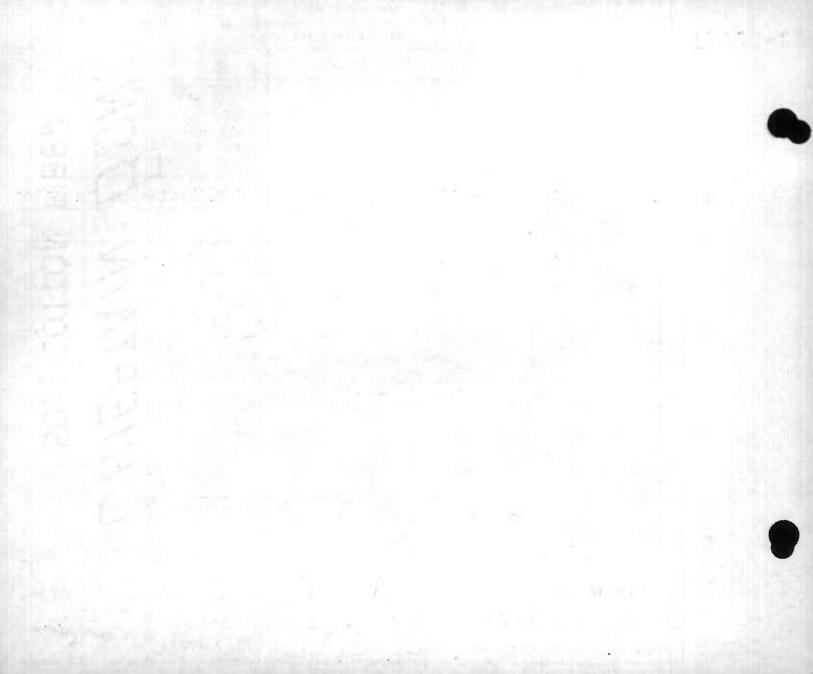
Leroy O. Dyett 4600 Lib ADDRE Hights - Ave.

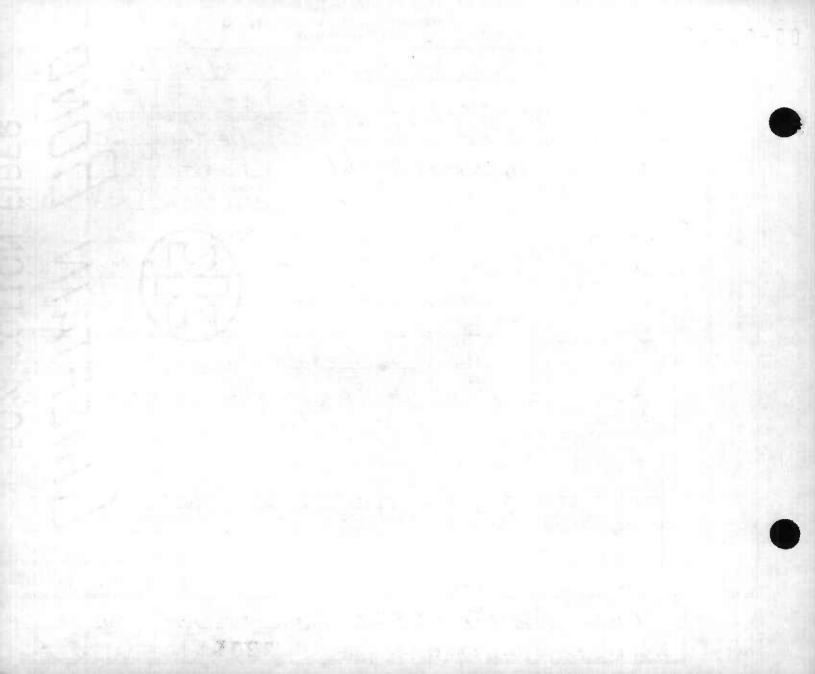
3/15/86

25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	1	STATE OF MARYLAND
00-00426	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O O O O O O O O O O O O O O O O O
oge 4 moy be	3. SE	CEASED NAME Bertha Bertha Broadnay Broadnay 120. DATE OF DEATH MONTH DAY YEAR 26. HOUR MOREL 13, 86 1030 M
de oth	V	MARRIED NEVER MARRIED DIVORCED SOLTING RESIDENCE MD. ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
201 urs offer	E	At RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
YLAND 212 ithin 24 hour lely fred in 2 should be	130	STATE 136. COUNTY 136. COUNTY 136. COUNTY 136. COUNTY 136. TO 150 NO 150
E, MARY complete	1	Deter Middle Bright Haria Middle Thrower WAS DEGEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
be execution and co	(100)	YES, NO ONLINKNOWN) (IF YES, GIVE WARDE DATES) 225-18-1741 Doris M. Smith 5611 Elderon Avenue
dST., BALI certificate ng physicir bonpaper r remaval.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of ottending physician. Ifter this certificate has been signed by the ottending physician and completely then to st the burial-transit permit. Then please remove carbon papers. Pages Vand 2 should be the and Menial Hygene prior to burial, cremation, or removal. In and Menial Hygene prior to burial, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
RDS, 301 equires the n signed b Then plea:	N C	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
TAL RECORDS, The low requirition. The hos been significant. Then giene prior to be shows any injury.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
ISION OF VITA PHYSICIAN: The ending physicio this certificate is buriol-tronsit ad Mentol Hygie d or item 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING COURSED (ENTER NATURE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION DING PHY or offendia After this e as the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 2 121e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
TENC Ontol of TOR: Or us		220.1 certify that (1) (this haspital) attended the deceased from
DR ho		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. DATE SIGNED 8-13-86
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		122d. PHYSICIAN'S NAME (TYPE OR PRINT) K. S. NAIR, M.D 122e. ADDRESS 5010 GORK ROad BALTIMORE MD 21212
	(:	BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE Va.
DHMH-16 60M 1/73 (VR A 15 (4))	W	illiam C. March F. H. Wat 4300 Walson Hard MAR 1 7 1986 Junia Savidson-Randese





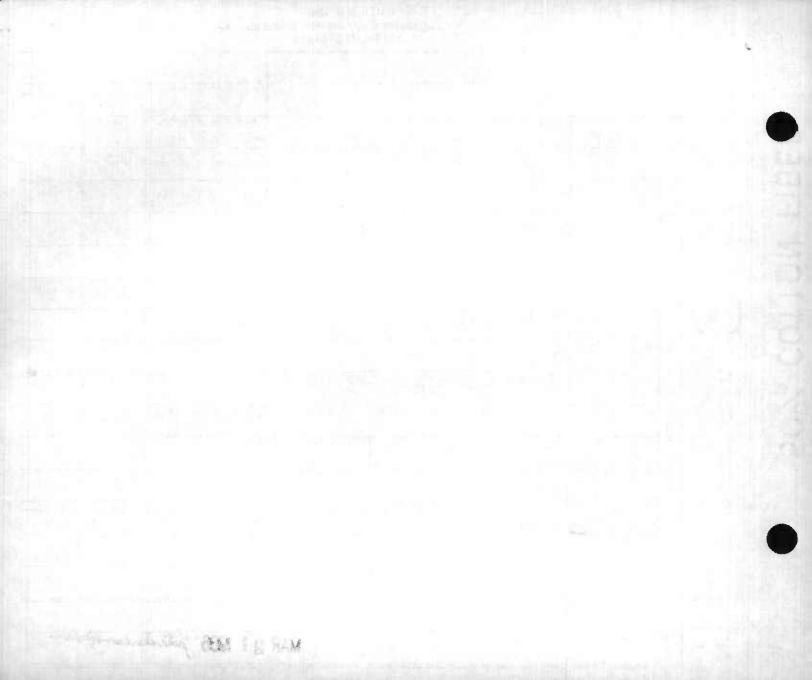


moy be poge 3	1. DE		by Boy Brown	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY 16	YEAR 20. HOUR 86 // A M
rector,		Male	Black	5. DATE OF BIRTH MONTH DAY YEAR 2 16 86	MONTH YRS.	1 50
deoth.	n	RTHPLACE ISTATE OR FOREIGN COUNTRY) Daryland	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUNTY OF D Baltimore. C	lity MD
by the filled with	Ba	It imare	Sirvai Hospita			b. KIND OF BUSINESS OR IDUSTRY
thin 24 hour	130.5	AT ATE 134 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 13c CITY OR TO		13 STREET ADDRESS / ZIP CODE	91.21207
tonglered with	160 1	Germaine VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	CER
Poges			IVE WAR OR DATES!	CORITY NO. 17 INFORMANT	ADDIC33	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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185	U5U 130	AL RESIDENCE (# NUR)	OR OTHER INSTITUTION GIVE RESIDENCE		13d INSIDE CITY LIMITS? YES NO	3421 REIS	ZIP CODE	21.
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DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236. DATE Cremation

24 FUNERAL DIRECTOR

23t. NAME OF CEMETERY OR CREMATORY Green Mount Crem

CITY OF TOWN Baltimore

STAFF

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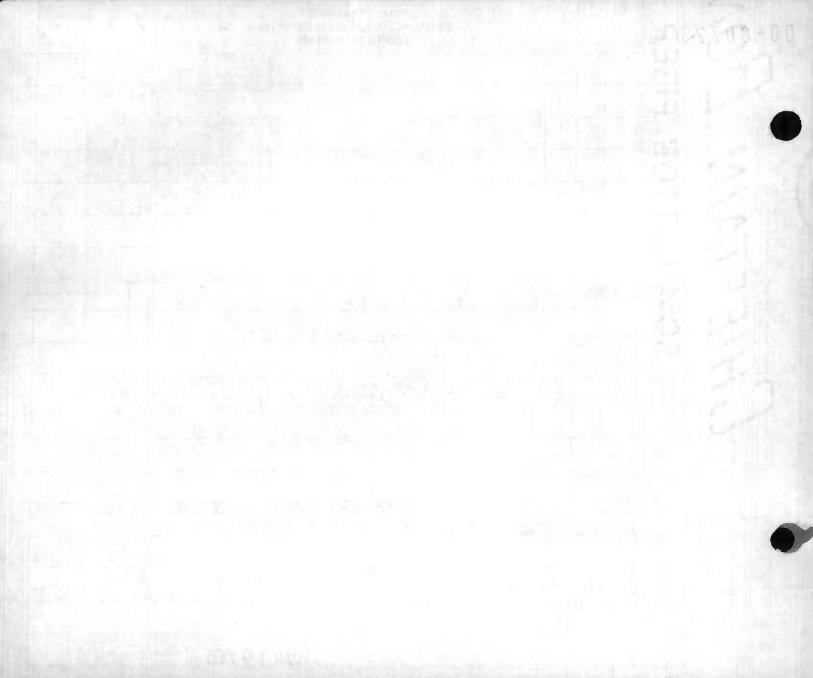
PHYSICIAN DIRECTOR PHYSICIAN

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE & Zeiler, Inc. 1901 Eastern Ave.

ATTENDING



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DHMH - 16 60M 7/ (VRA 15, 4)

H FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue 250. DATE REC DE BY REGISTRANTS GIGNATURE IN SECONATURE IN

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Lee A. Patterson & Son Perryville, Maryland

(VRA 15, 4)

FOR

STATE OF MARYLAND

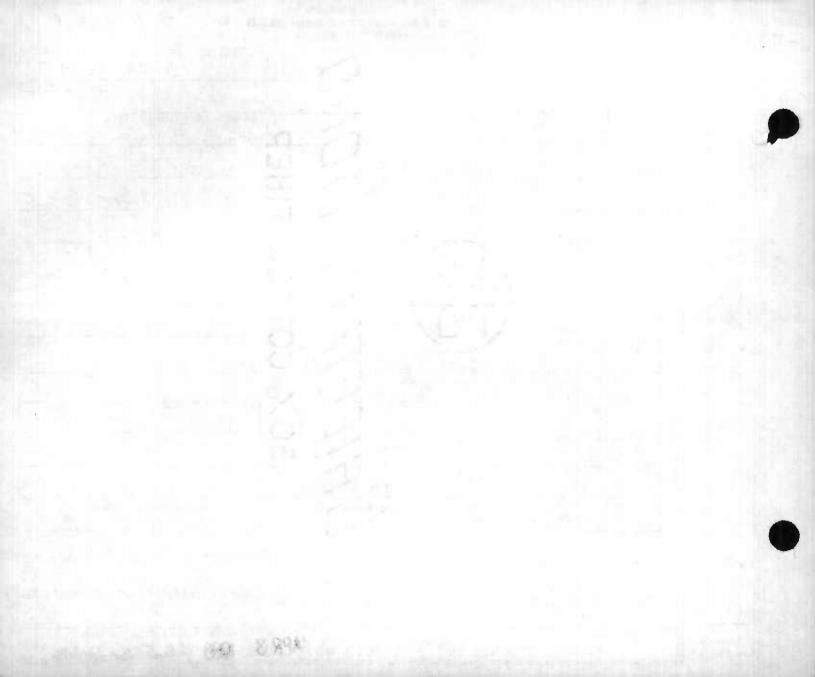
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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DHMH - 16 60M 7/84 (VRA 15, 4)

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ORE	ges dico	160	WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES)	AL SECURITY NO. 17 INFORMA		ADDRESS	
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O HOSPI	should be det with the State IMPORTANT:	1	220, PHYSICIAN'S NAME (TYPE	I or.	(0) 120 ADDRES	(9 S. Do	Epolet 1	6 200-
F 2		230	BURIAL, CREMATION, REMOVA		231. NAME OF CEMETERY OR		OCATION CITY OR TOWN	COUNTY STATE
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(VI	RA 15, 4)	151	ROWNITHOMPSOM	E 1 1012	W BALTO. ST	***************************************	The state of the s	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	073	2 2
1	1. DECEASED NAME FIRST	MIDDLE	I I	AST	20 DATE OF DEATH M	AONTH DAY YE	AR 2b HOUR
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1	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		
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)	Máryland	U.S.A.	WIDOWE		Baltimor		MD.
)	Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G St Agnes Ho	ospital	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Meat Cutte	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
17.70	130 STATE 136 COUR Maryland	VTY IS CITY O	ice before admission) or town imore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2 2609 Gehb	ZIP CODE Avenue	21227
	TE FATHER'S NAME William	MIDDLE A .	Brown	15. MOTHER'S MAIDEN NA. Lucy	ME MIDDIE B.		Worth
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRES		22
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	774 DHYSICIAN'S NAME (TYPE	Pelcjar	/ /	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	-/ 61	PATE SIGNED
	Michael E.			900 Caton	Ave, Baltimo	ore Maryla	ind 21229
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/4/86		ield Cemetery	Sykesvi	lle Carr	roll Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

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						E OF MARYLAND	Table 1		
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2 Pg - 37 C		THPLACE STATE OR FOREIGN		F WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
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ond co		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	P 166 SOCIAL SEC		17 INFORMANT	ADDR		
Poge		No				MR. DAVID E	B. POSNER		
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he death certifice ne attending phy emove carbonpa mation, or remov			DIATE CAUSE (a)_	Ive	Spirat	ony I conh	and a		
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requester si	CERTIFICATION								
low ermine son	δ	190 DATE OF OPERATION	196 CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED OF DEATH?
The re how	Ē		57	OS INTUINA		In manufacture	YES NO	YES 🗌	NO 🗌
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NG ther of the orke		AT WORK AT WORK	}		400				
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OR A DIREC	1	226. SIGNATURE	1101			DEGREÉ	AAEDICAI CYA	22c. DATE S	
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HOSPITAL FUNERAL wild be dett h the State		22d. PHYSICIAN'S NAME	TYPE OR PRINT)	0		22e ADDRESS			
		Daniel	C. Hag	an .D.0	le .				
5 5 5 4 3 X	23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		CREMATION	MAR.	10,86	CARRO	LL CREMATIC	ON HAMPS	STEAD. MD.	
DHMH - 16 50M 4/83	-	UNERAL DIRECTOR				250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNAT	Allendette
(VRA 15. 4)	E	LINE FUNER	AL HOME	REIST	ERSTO	WN. Mp. M	AR 1 0 1986	11	

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MD. BALTO. BALTIMORE X 6217 BILTMORE AVE. 21215

SMOONE EAY SMOONE

MR. DAVID B. POSMER REISTERSTOWN, Me

DREMATION PAR. TO, DG CARROLL DIEMATION HARPSTEAD, Do. LINE FUNERAL HOME REISTERSTOWN, MR. 12 MARCH 12 12

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	M T Z Z Z	14. F	ATHER'S NAME		WIDDLE		LAST		15 MOTHE	R'S MAIDE			NDDLE		LAST	
	# 255 4		Melv:		Bruns					Mary		Brun	ison			
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	TO MEDICALE EXECUTE THE PAGE 4 SHOUT TO FUNEXA AFTER DEATH BALTIMORE,	23a I	(TYPE OR PRIN				NAME OF CEA					Penn S) L.			
-		230.1	Burial	O. T, REMOVAL	4/3/86		ayman (JO	nes S	tatio	n A	A. Md.	STATE
25.			UNERAL DIRECT	OR	7/3/00	- "	, , , , ,			250. DATER	SECID BY	REGISTRA	R JASH REG	STRAR'S	SIGN APPROPRIE	1
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DHMH - 16 60M 7/84 (VRA 15, 4)

25ch Thuner Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

23h DATE

3/6/86

230 BURIAL, CREMATION, REMOVAL

Burial

Parkwood

231 NAME OF CEMETERY OR CREMATORY

21213

CITY OF TOWN Balto Md.
250 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

23d 1OCATION

MAR

nelia Davidson-Randalle

COUNTY

26 HOUR

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STATE

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OFFICE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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ij		REGISTRAR			CERTIE	ICATE OF DEATH	REG. N	0.		3
١		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
ı		MARGUARITE	E. BU	BSER			MARCH 2	23.	1986	0525AM
	3. SEX	(4. RACE	12200	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
	F	EMALE	WHITE		08	28 / 09	76	YRS.	MONIAS DATS	MIN.
ø	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	RCOUNT	Y OF DEATH	
7		ennsylvania	U.S.A	•	WIDOW	**	BALTIMO	RE C	ITY	MD.
)	BA	I.TIMORE		HOSPITAL, NURSIN HEACILITY, GIVE STREET A NT AGNES	ADDRESS)	OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPAT			OF BUSINESS OR
)	130. S MA	L RESIDENCE (IF NURSING HOME TATE 136 CC RYLAND	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13. CUY OR TOWN Baltimor		13d INSIDE CITY LIMITS? YES NO		ZIP COD OKS I	EANE 212	29
		THER'S NAME illiam Pearce	e MIDDLE	LAST		Maudé Rec			L	AST
	160 W	VAS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (18 YES,	ARMED FORCES? GIVE WAR OR DATES)	202 05 2		M's Margaret	Settle 1010			
ı		18 CAUSE OF DEATH (Enter	anly one cause per	line for (a), (b), and	l (c)	1- 1-	1		APPRO BETWEEN	XIMATE INTERVAL
			IATE CAUSE (a)	Cardi	010	matory pul	une			
	10	RELY SHOW	DUE TO, O	R AS A CONSEQUE	NCE OF	1. 1	. 12 +			
		Canditions, if any, which gave rise to immediate	(b)	purte	m	plardial	injuice			
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
		DART 2 OTHER SIGNIFICAN	(c)	ONTRIBUTING TO F	E A THE BLIT	NOT RELATED TO THE TERM	ANAL DISEASE OR CON	DITION C	VENI IN DART 1	
	NO	TAKT 2 OTHER SIGNIFICAN	T CONDITIONS CO	DIVINIBUTING TO E	LAIN BUI	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	VEN IN PART I	10
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FIND	S OF DEATH?
-	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INIT		PART 1 OR PART 21	NO 🗌
		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	(NER) P. 21e PLACE		19	211 LOCATION				
	M	WHILE NOT WHILE AT WORK	[AT HOME ST	REET, FACTORY OFFICE FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (1) (this ha	ispital) attended #h	e deceased from_	.3	123 19.86		3	19.85	, that (I) (we) lost
		saw the deceased alive abave, (1) (we) (did) (did	on 3	19 <u>8</u>	6 . 0	nd that in (my) (aur) apinion	death accurred on the d	ate and ha	ur and from the	causes stated
		226 SIGNATURE	Lar P	O-11 -		DEGREE			22c DAT	ESIGNED
		dat	la N	Mai		MI) ATTENDING PHYSICIAN [MEDICAL STA		3/0	73/86
		22d PHYSICIAN'S NAME (TY)	100	PILLE	11.	22e ADDRESS St-	AGNES	H	DSPITI	92
		URIAL, CREMATION, REMOV			IAME OF C	EMETERY OR CREMATORY	23d LOCATION			MdNate
		remation	March			ew Memorial Pa		ville	Balto.	
į	24 FU	WERALDIRECTOR Harry	y H Witzk	e & Famil	y Fur	eral Home LAA	E REC'D. BY REGISTRAR			
	Tuc	4112 Old Col	umbia Pil	ke Ellico	tt Ci	ty MA	R 25 1986	Julia	Mille	22.00

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

07330

	REGISTRAR								REG. NO.		
	CEASED NAME	FIRST	A	AIDDLÉ	ŧ	AST		2a. DATE OF D	DEATH MONTH	DAY YEAR	26 HOUR
L		RTHUR		ANTHONY	E	BUCK,	SR.	3/	/7/86		7:20 CM
3 SE	Х	4.	RACE		5 DATE C	-	AY. YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
	IALE			W	8/4	/192	5	60	YRS		ACONS ACING.
7n B	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	□ NEV	ER MARRIED	9 BALTIMORI	ECITY OR COUN	TY OF DEATH	
	Maryland		U.S.A	•	WIDOWE		DIVORCED.	Ba	altimore	City	MD.
10 C	BALTIMORE	гн [11		OSPITAL, NURSING AGNES H			INSTITUTION	Chauff	OR MOST OF HIGH		F BUSINESS OR
	AL RESIDENCE (IF NURSIN	G HOME OR OT		GIVE RESIDENCE BEFOR		13d INSI	DE CITY LIMITS?	113e STREET AD	DRESS / ZIP CO	DF	
Ma	aryland	<		BALTIMO	RE	YES 💢	NO 🗌		Furrow		21223
	ATHER'S NAME	44.00	DDLE	LAST		15. MOTH	IER'S MAIDEN NA		MIDDIE		
	Arthur		Ivanho		rk		Pauline		WIDDLE	Stric	rker
	WAS DECEASED EVER I	N U.S. ARME	D FORCES?	166 SOCIAL SECU		17 INFO			ADDRESS	SCITE	VET
	YES, NO OR UNKNOWN)	(IF YES, GIVE W		220-14-	-1544	Gai	l E. Reu	8078 Ca	stle Poo	k Circle	21122
T	18 CAUSE OF DEATH				-	r our.	LI. IICU	0070 Co	SCIE NCC	APPROX	MATE INTERVAL
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13	Canditians, if any, gove rise to imme	ediate) Ib)	7,000	0/1/	ME	Mark.	6 . 0 .	001.		
	cause (a), stating underlying cause	lost.	DUE TO, OF	AS A CONSEOU		Mario	long	hollon	10 lemi		
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Z	C+1 F	COP	2. 0	ser h	an	gin			OK CONDITION C	JIVEN IN PART III	u .
CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	1		200 AUTOP	SY? 206. IF Y	ES, WERE FINDIN	NGS USED
E			(3)					YES	1 6	TIFYING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS UNDE	RLYING	21b TIME O	FINJURY		21c HOV	w Injury occur				140 []
	OR CONTRIBUTING C	SE OF DEATH		M. MONTH D				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MEDICAL	21d. INJURY OCCURRE		P.A		19	21f LOC	ATION				
WE	WHILE NOT WHILE			EET FACTORY, OFFICE, I	FARM, ETC)		TREET		CITY OR TOWN	COUNTY	STATE
	AT WORK — AT WORK						7.57				
	220.1 certify that (1) (deceased from_	01	5 6	19	. to	·		that (I) (we) last
	saw the deceased abave, (1) (we) (dr	d) (did nat v	new the bady	after death	<u>○</u> , ar	id that in i	my) (aur) apinian	death accurred	an the date and h	aur and fram the	causes stated
	22b. SIGNATURE					DEGREE	ATTENDED	44501041		22c DATE	
	1	2 dai	Sec				PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN X	3/7	/86
1	22d. PHYSICIAN'S NA	ME (TYPE OR PI	RINT)			22e ADD	RESS				
	DR. EDNA	YEO				900	S. CATON	AVENUE	BALTO.	MD. 212	229
	BURIAL, CREMATION, R	EMOVAL	236 DATE	23 ()	NAME OF C		OR CREMATORY	23d LOCAT	ION		
13	(SPECIFY) Cremat:	ion	3/8/8	6 Sec	curity	Pro	cess Cre	m. Cato	nsville	Balto.	Md.

DHMH - 16 60M 7/B4

(VRA 1S, 4)

BP.

24 FUNERAL DIRECTOR 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

Security Process 21229

250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR ASIGNATURE MAR 1 1 1986

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THE REPORT OF THE PARTY OF THE

TO HOSPITAL OR ATTENDING PROSICIAN. The low requires that the dooth certification within 24 hours other DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

59032		FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. NO	0 7	3	3 2
5	1 DE (171	CEASED NAME CATHE			MLL	20 DATE C	OF DEATH A	3 S	86	26 HOUR
ofter de	3 SE		4 RACE	5. DATE C		6 AGE (IN	YEARS LAST BIRTH	MONT	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
anth a 72 house of driver	i	RTHPLACE (STATE OR FOREIGN COUNTRY) Ashing for TOWN OF DEATH	76 CITIZEN OF WHAT COUN Y. S. A. 1]. NAME OF HOSPITAL, N	MARRIEI WIDOWE		IZe USUAI	C'T 9		2b. KIND OF	MD.
11 46	_	ALTIMERE AL RESIDENCE (IF NURSING HOME OR	OTHER INSCRIPTIONS COME RESIDENCE	4 orpota	17 MARYLA	ND Wait	ress-K	etirea	NDUSTRY	ley's
11.86	13a S	TATE MD 136 COUNTER'S NAME	ITY 13c CITY OR		13d INSIDE CITY LIMITS YES NO 1		or O'De	W Aven	- 212	37 -
13300		FIRST John Padw	MIDDLE LAS	ST .	FIRST	Eliza	beth		ŁAST	
11/		VAS DECEASED EVER IN U.S. AR (ES, NO)D UNKNOWN) (IF YES, GIV		SECURITY NO. 26-3856	Judith A.		ADDRES	Roseken	yp Ave	21214
八八		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a), (D BY: E CAUSE (a)		nomidis.				APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
signed by the otheridi the please remove cut obstrial cremation, or july, or other traumor	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF	muta of a		se or cond	ITION GIVEN I	IN PART 110	
hos been fine process	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WI IN CERTIFYING YES		
months certificate of Member 1831	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	19	216 HOW INJURY OC	CURRED (ENTER N	CITY OR TOW		ORPART 2)	STATE
groot or orn CTOR: After for use on the of Health or 21 is marke		WHIE NOTWHIE AT WORK 22a.1 certify that (1) (this hasping saw the deceased alive on above, (1) (we) (did) (did notwer)		a-i	2 - 8 - , 19 5 d that in (my) (aur) apir	to	ed on the dat	e and have and		hat (I) (we) last auses stated
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TO FUNE should be were the S		MAHESH I	noondra.		Lith un			MD		
3P		Burial Burial	236 DATE 2-8-86		emetery or cremato	DRY 23d LOC	Balto.	M2	1/234	STATE
AH - 16 60M 7/84 (VRA 15, 4)	24 FL	ohn (. Miller I	Inc6415 Bela		250	DATE REC'D. BY		Sh. REGISTRAR	S SIGNATU	Davids .

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DIVISION OF VITAL RECORDS 201 W PRESTON ST., BALTIMORE, MARYLAND 21261	0
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death is Milliant Ferrencied within 24 hourself. The Hay be	(
retained by the haspital or othending physician.) :
TO FUNERAL DIRECTOR After this centificate has been signed by the attending purposes and completely lend in the time of director page 3	3
should be detached for use as the burnal-transit permit. Then please remove corns copy, should be detached for use as the burnal-transit permit.	-
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked	-
IMPORTANT If hem 21 is marked or hem 18 shows one injury, or other traumatic contributions are assumed to the contribution of	2

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MPORTANT

CERTIFICATION

MEDICAL

	FOR 1 - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES O ()	7333
	1. DECEASED NAME FIRST	WIDDLE	Bulla	ock	20. DATE OF DEATH MONTH	9/86 545 PM
	FEMALE	4. RACE BLACK			6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	
Q	NORTH CAROLINA	76 CITIZEN OF WHAT COUN	MARRIE		Baltimore city or coun	e MD
2	USUAL RESIDENCE IN NURSING HOME OR	MASON F	F. Lovd		126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
5	MARY LAND	ITY I3c. CITY OR		13d. INSIDE CITY LIMITS? YES NO 1	FPANCES SCOT	
	SAMUEL 160 WAS DECEASED EVER IN U.S. AR	TERRY MED FORCES? 166 SOCIAL	SECURITY NO.	MARY 17 INFORMANT	ADDOCCC	HOODY LAST
		E WAR OR DATES)		HELEN DELOA	TCHE 111 11F	FRANKLIN, VA. FV ST. APPROXIMATE INTERVAL
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)				

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

211 LOCATION CITY OR TOWN COUNTY STATE STREET

22a.1 certify that (1) (this hospita) deceased from 86 saw the deceased alive of and that in (my) (aur) apinian death accurred an the date and hour and fram the couses stated abave, (1) (worldid) (and natiview the body after death. 226 SIGNATUR DEGREE

MUD

8 ATTENDING STAFF DIRECTOR | PHYSICIAN PHYSICIAN

22e ADDRESS 22d. PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 1 236 DATE (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY

MARVIAND

STATE

RURTA 1

BROWN/THOMPSON

ADDRESS

250. DATE REC'D. BY REGIST

Archie Davidson Andre

DHMH - 16 60M 7/84 (VRA 15, 4)

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The state of the s		CEASED NAME FIRST	MIDDLE	LAST (Burdon)	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be	,	DERR	Y	PURDEN	03	29 86 8:30 AM
oe de la	3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS
s o ctc		MALE	BLACK	07 09 19		RS.
death. Pag		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORCED	Ba Himore	0.1
Street with the form	1	saltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORK	
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ed within	1-	ATHER'S NAME FIRST	MIDDLE BURN	en Ethel	ME	Mess Cou
re be execution on the sers. Page 11.		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) IF YES, G	RMED FORCES? 166. SOCIAL SECL	17 INFORMANT RUTH GOODE	n 3801 Wabas	h Avenue
equires that the right of signed by the Then please rept to burial, cremnjury, or other	NO	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1101
on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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the horten of the horten of the proche is Dep		226. SIGNATURE	Southern mi	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF DIRECTOR PHYSICIAN	3-29-86
TO HOSPITA TO FUNERA Should be de with the Stol		JOHN SOW		SINAI	Hospital Believe	lere at Greenspring
₽₽		BURIAL, CREMATION, REMOVA	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY arrison Forest Vet	Owings Mills	COUNTY STATE
DHMH - 16 50M 4/83		UNERAL DIRECTOR	h F/H Wast Atmos	Wahash Avenue	TE REC'D. BY REGISTRAR 256. RE	

STATE OF MARYLAND 00-00579 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR RESULT ETTA BURGAN D. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) JULY 4,1895 FEMALE WHITE 90 BIRTHPLACE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND BALTIMORE CITY USA WIDOWEDXX DIVORCED [CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWIFE HOMEMAKER LEVINDALE GERTATRIC HOSPITAL BALTIMORE AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 7029 SURREY DR, BALTIMORE MARYLAND 21215) & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MAX THESE MIDDLE DAVIDSON DORA UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 213-28-0378 MRS. ANNA BULMASH3921 LABYRINTH RD. (21215) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CEREBROVISCULAR IMMEDIATE CAUSE CONSEQUENCE ACES DENT ROB Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 NEIMONIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS EVENDALE GERNATPIZE 230 NAME OF CEMETERY OR THE MAN OF 23a BURIAL, CREMATION, REMOVAL 23b DATE BURTAL STATE 3/16/86 BETH HAMEDROSH HAGODOI ROSEDALE, BALTO. 24 FUNERAL DIRECTOR ONE REISTERSTOWN RD. BALTIMORE, MD. DHMH - 16 60M 7/84 (21215) (VRA 15, 4)



STATE OF MARYLAND

230 NAME OF CEMETERY OR CREMATORY

Lawn Cemt.

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home, 130 E. Fort Ave.

230 BURIAL CREMATION, REMOVAL 236 DATE

Remova

artinsville, Virginia

22c DATE SIGNED

3/30/86

COUNTY

86

STATE

2h HOUR

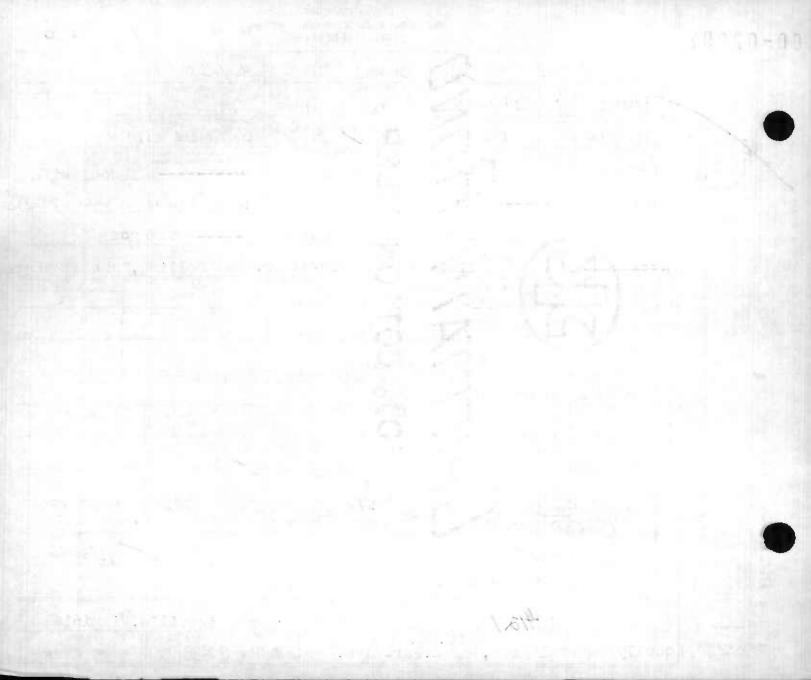
17h KIND OF BUSINESS OR

Housewife

INDUSTRY

10:30Pm

986



WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

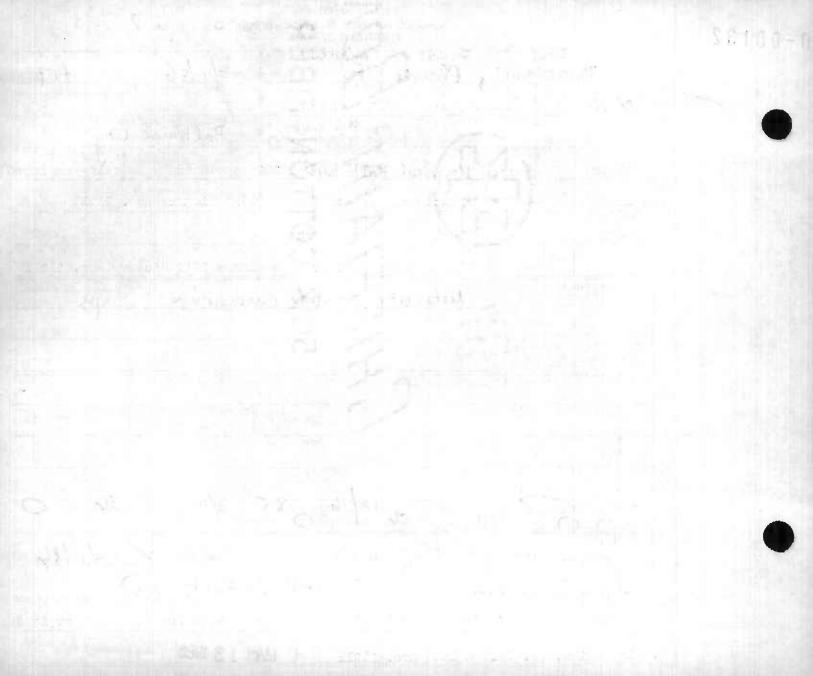
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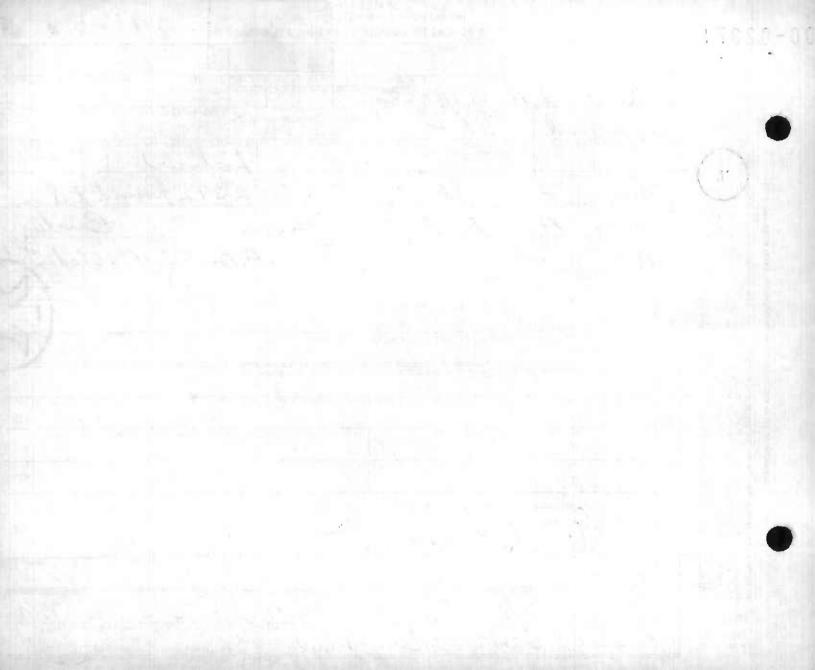
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he f	Po /	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACULTY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	170 USUAL OCCU		126 WIND OF	BUSINESSOR
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YLA rthin tely 2 sh	ane .	14 F	ATHER'S NAME				MOTHER'S MAIDEN N	AME			
MAR was			Neal	WIDDLE	Burleso	n	Kate	MIDD	LE	Boone	
	8 .	16a \	VAS DECEASED EVER IN U.		166 SOCIAL SECU		INFORMANT	AC	DRESS	Boome	
BALTIMORE,	1	- 1	YES NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	214-03-5	355	Catherine Bu	rleson 37	12 Hicko	ry Ave	21211
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e d	rtra		gave rise to immediat	e							
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CIAN CIAN Printic ol-tre	E		OR CONTRIBUTING CAUSE	OLMIII	M. MONTH D	AY YEAR					
DIVISION OF VITAL NG PHYSICIAN: The offending physicion witer this certificate h os the burial-transis is	or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	21e PLACE	M. OF INJURY	19	II LOCATION				_
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of the of the	JOE		77s I certify that (f) this i	postutet attended th	e decement from	12	16 10 8	3/11	,	860	
ATTENDIN Septral or ECTOR: Afr of for use of	is is		tow the vectory of any	9 tot 3/11	10	86 and	hat in (my) our opinion	death occurred on th	e dote and have		not (I) (ve) lost
	E		27h SIGNATURE	id not view the Body	after death.	-	GREE			27¢ DATES	
he of the o	*		14.	Insen	1. Kr	- 4.5	ATTENDING	MEDICAL :	STAFF A	3/11	101
PITAL by the ERAL Stote	NA -		224 PHYSICIAN'S NAME I	THE CHARRENCE A	" ,	1/2	PHYSICIAN PHYSICIAN	DIRECTOR PH	YSICIAN LY	1311	186
TO HOSPII retained b TO FUNER should be	MPORTAN		Huun To	unt Wu)	201 ct 200	O ROOL	2.4)	
To show	¥	230 6	URIAL, CREMATION, REMO	-	I 22. A	JAME OF CEN	ETERY OR CREMATORY	13d LOCATION	o rug		
D.D.		730.0	Burial	3/14/			dge Cemeter	CITY OF TOW	N	COUNTY	STATE
BP	1,2	24 FI	JNERAL DIRECTOR	3/14/	00 D	Lara Ki		4			aryland
DHMH - 16 60M			NAME	7 2070	ADDRESS	,		IAD # 7 406	RAR 25b. REGISTR	ARS SIGNATU	Panels 91
(VRA 15, 4)		A.	Alan Seitz,	Jr. 3818	Roland A	ve, 212	211	AN IS IS	N		



	It	tems 18-22a 4/22/86 mtb F#614 STATE OF MARYLAND FOR 18-22a 4/22/86 mtb F#614 STATE OF MARYLAND	3 09
00-02371	1-	STATE AMERICAL EVALUATION CERTIFICATE OF AFA STATE	6 / 5 4 U
00 02311		CEASED NAME FRST MIDDLE LAST 20 DATE KNO	WN MONTH DAY YEAR 26 HOUR
M828.	,,,,,	David L. Burley OF EST DEATH MAT	ED XX 3-14 1986 M
PECTO PETT PECTO PETT PECTO PECTO PETT PECTO PETT PECTO PETT PECTO PETT PECTO	3 SE	MONTH DAY YEAR LAST BIRTED AT MONTHS DAYS HOURS AND PRONOUNCED	MONTH DAY YEAR 10 HOUR 10:30
A PACIFICATION OF THE PACIFIC AND A PACIFIC	1//	IRTHPLACE (STATE OR 1/b. CITIZEN OF WHAT COUNTRY? 18 DEAD	3-15 1986 a. M
2000年間	a	MARRIED NEVER MARRIED A	CITY OR COUNTY OF DEATH
NE N	10.0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION	Ore City, MD. NO (TYPE OF WORK 12b KIND OF BUSINESS
		Baltimore 2212 Round Road, Apt. T4	
	130	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 COUNTY 137 DY OR TOWN 136 INSIDE (1TY LIMITS? 130 STREET ADDRESS YES NO 2222	Round \$1825
O TO SEE	14. F	ATHER'S NAME FIRST MIDDLE MIDDLE MIDDLE	0.00
The second of	2	James H. Burley SN Helen	Durley
, BALTIMORE JRS AFTER BS. GIVE PA ES WITH FOR T. PAGES I DIVISION	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 166 SOCIAL D CURITY NO. 17 INFORMANT JOHNS A. Burlin	- 4326 Cedar Jark
; 5 8 ≥ F. C		18 CAUSE OF DEATH (Enter anly ane cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONA TEXT OF THE
W. PRESTON ST V. WITHIN 24 HOU VENCIL IN ITEM 11 MINER ALONG INTRANSIT PERMI INTRA LIYGIENE OR REMOVAL.	1 8	IMMEDIATE CAUSE (o) Methadone intoxication	
HIN	- 2	Conditions, if any, which	
W. P ENCI MINE NIA NIA		gove rise to immediate (b)	
9 H Z X Z X Z		lying cause last.	
A BEAGE B		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
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TAL R HEF PHEF PAREN	CA	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
2 20 2 2 2	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN	YES XX NO 🗆
NO NO THE WILL THE WI		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	HEM ISPARI I ORPARI 2)
BIVISION S CERTFIC RETING TH ROED TO WE 3 SHOU.	MEDICAL	214 INJURY OCCURRED 1216 PLACE OF INJURY (AT HOME 211 LOCATION	
ARED ARED ATTE DISCOLUTION AND ATTE DISCOLUTION ATTE DISC	1	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) AT WORK AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 2212 Round Rd. Atp. T4 Balt.	imore, Md.
AATE, TO ORWA		22a I certify that Look charge of the remains described above, held on Autopsy XX, Inspection . Inquiry	ond in my apinian
MINING BEET PETT PETT PETT PETT PETT PETT PETT		death resulted from Notural couses Acceptent . Suicide Hamicide . Undetermined manner	
MAN WAR		ACTUAL OF ACTUAL THE (SPECIFY)	245
SE S	1	SIGNATURE ASSISTANT MEDICAL EXAMINER	DATE SIGNED 3-16-86
TO MEDICAL EXAMI EXECUTE THE CERTIFICATION OF TO FUNDRAL DIRECT ATERED DELIN WITH THE	4/	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Ba	alto., Md. 21201
	23a.E	UPPAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OF CREMATORY 236, LOCATION CHYOR THIN THE PARTY OF CREMATORY	COUNTY STATE
07/84 BP_102	11/1	UNERALDIRECTOR 250. DATE REC'D. BY REGISTRAR [256	REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	(turnell B. Oden-5/63 Phuid Hill aus	
		APR 0 2 1986 (So de contrator de la contrato



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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		REGISTRAR		CEKITI	ICATE OF DE	AIM	REG. NO).		
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	3 SEX	Female	4. RACE	5. DATE O			6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		Femile	White	May		925	6 D	YRS	NIHS DAYS	HOURS MIN.
Z		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	NEVER MA	PRIED T	BALTIMORE CITY O	R COUNTY O	FDEATH	
1		Balto. MD.	U.S.A,	WIDOWE		RCED	Cit	у		MD.
1	10 CI	TY OR TOWN OF DEATH	Francis Sco	PUPRS RE HOME	A OTHERHAPIT	NOITU	170 USUAL OCCUPATION		126 KIND O	F BUSINESS OR
L		Balto.	Fray's S	HK	cy		Homemaker	WORKING CITES		n Home
E	130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ITY I3t. CITY	OR TOWN 1 to .	13d INSIDE CITY YES X N	LIMITS?	13e STREET ADDRESS / 66218 Carbo		212	24
10		THER'S NAME	MIDDLE	LAST	15 MOTHER'S M		E MIDDLE		LAST	
10	Wi	illiam Rag	en Zittle		Flore	nce	Mabe1	S	Shower	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMAN	Daught	er) ADDRE	SS	Balto	. MD.
		No		22-3346	Mrs. Ba	rbara	Davis 4057	St.Mor.	nica S	t.21222
		18 CAUSE OF DEATH :Enter on PART I. DEATH WAS CAUSE	ly one cause per line for to	1, (b), and (c)					APPROXI/ BETWEEN C	MATE INTERVAL
			E CAUSE (0) CAP	-diac	arnest					
			DUE TO, OR AS A CO	NSEQUENCE OF	. ,	ere tour				
1		Conditions, if any, which gave rise to immediate	(b)	o derelant	104	crutiun				
a	3	couse (0), storing the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF						
			(c)							
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	TIFIC						YES X NO	YES [VG CAUSES	OF DEATH?
n		71a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	TH DAY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
Y	CAL	OR CONTRIBUTING CAUSE OF DEA	THE STATE OF THE S	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OR TO	VN	COUNTY	STATE
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	(1	URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CRE		23d. LOCATION		OUNTY	STATE
	Cı	remation	April 2,86	Securit	y Proces	s Inc.	Catonsvi	Lle Ba	lto.Co	. MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be defacted for use as the buriol-transit permit. Then please remove carbain pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If item 21 is marked or Item 18 shows any injury, or other traumatic event, if

TO FUNERAL DIRECTOR. After this certificate has been

24 FUNERAL DIRECTOR
NAME
Charlton-Schweiger F.H.2007 Eastern Ave. 21231

APR 04 1986

Lie Davidson-Rondese

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STATE OF MARYLAND

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3/18/1986 24 FNULTATERECTORSONS FUNERAL HOME. INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

23b. DATE

230 BURIAL, CREMATION, REMOVAL

BURIAL

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23c. NAME OF CEMETERY OR CREMATORY PK 23d LOCATION

MARYLAND NATIONAL MEM

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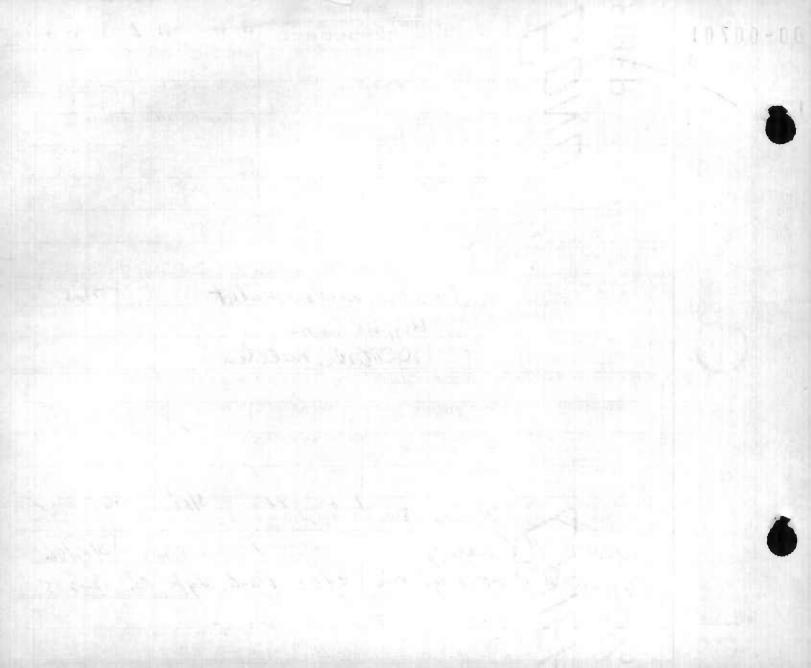
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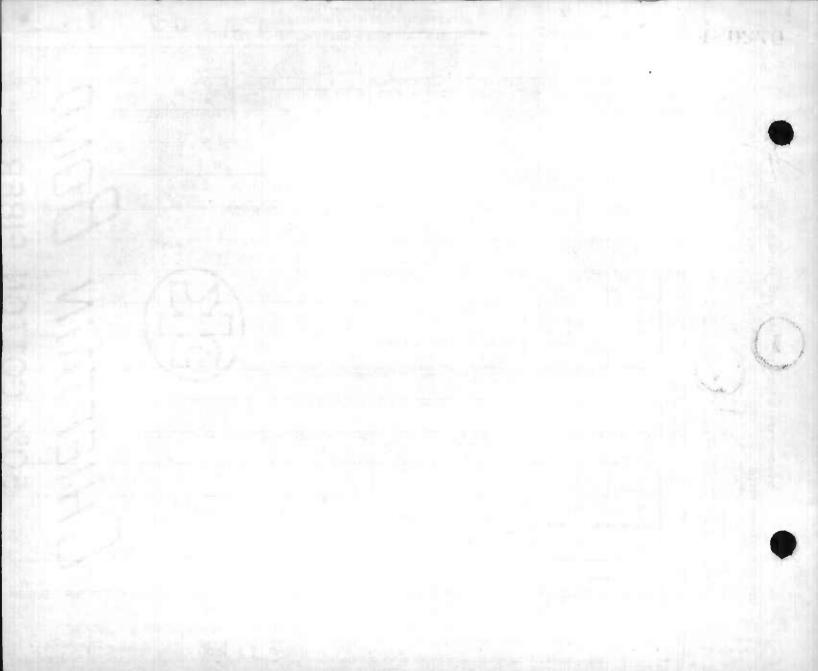
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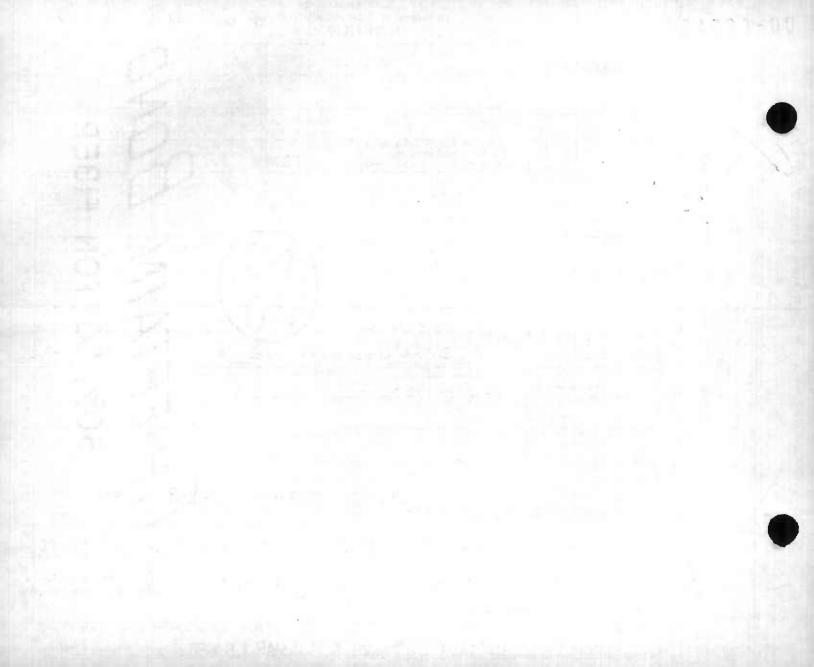
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WM.C.MARCH F/H INC. 1101 E. NORTH AVE.

(VRA 15, 4)

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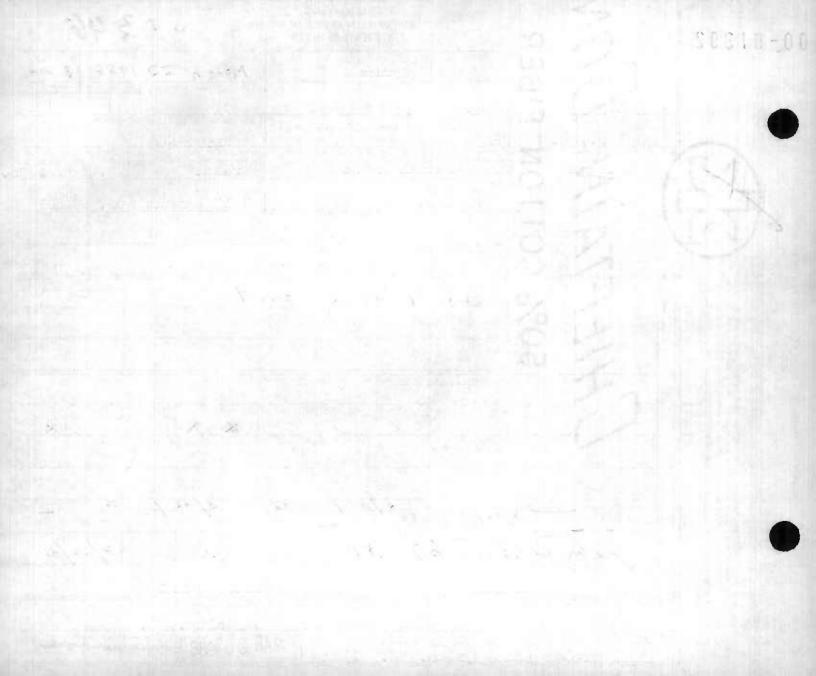
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3331 Brehms Lane, Balto., Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH PEG NO CEASED NAME In DATE OF DEATH IN HOUR HE OF HEINT AGE INVESTIGATION OF a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? (S ATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED Baltimore City OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Perring Parkway Nursing Home Printer News Paper MAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21220 Maryland Baltimore Middle River YES 🗍 NO 1024 Susquehanna Ave MATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Wilson William Ada Relle Henry Cage U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 1404 Alexis Drive HEYES, GIVE WAR OR DATEST David E. Cage Joppa, Md. 21085 213-05-6780 None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: ARDIVPUL MUNARY ARREST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ENT ASPIRATION PREVMONIA Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from _ saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and Iram the causes stated abave, (1) (we) (did (did not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

226 PHYSICIAN'S NAME (TYPE OR PRINT

3-10-86

22e ADDRESS ARFORD

23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) CITY OR TOWN

Cokesbury U M

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III

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24 FUNERAL DIRECTOR

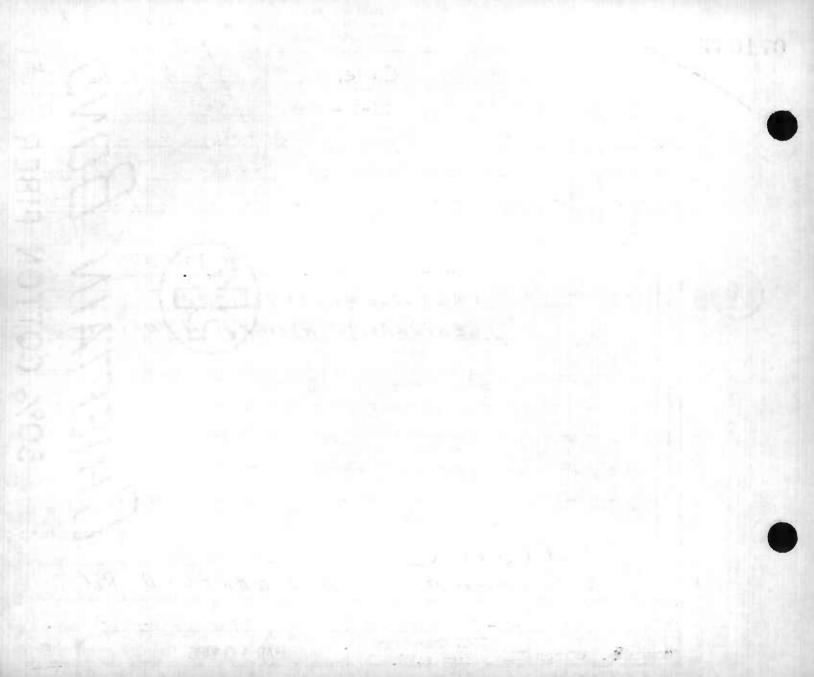
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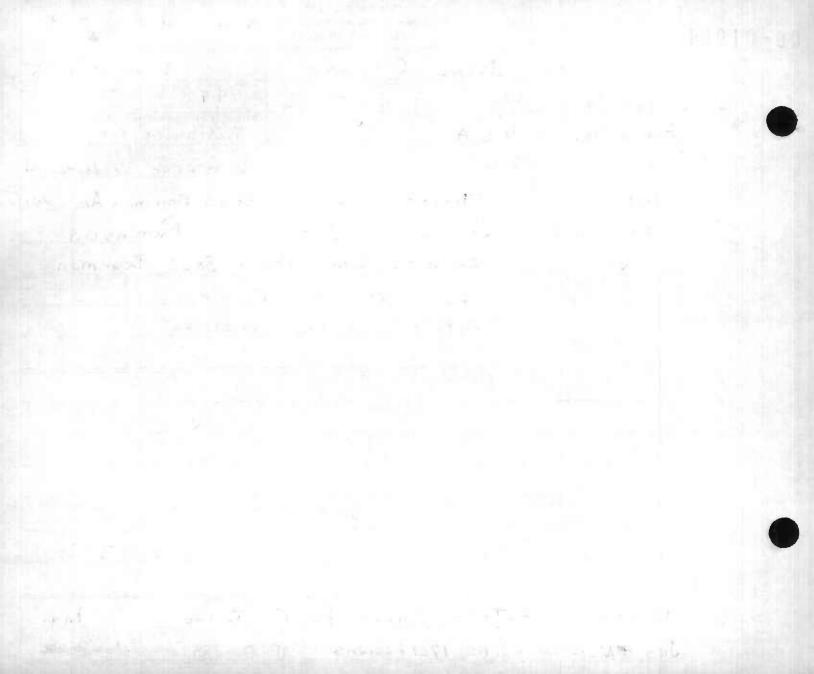
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Jas AMORTON LSONS 1701 Laurens



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230 NAME OF CEMETERY OF CEMETERY

-2,1986 Arlington National

Glen Burnie, Maryland

23d LOCATION

Ft. Myers

STATE

Va.

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial Apr
24 FUNERAL DIRECTOR

Singleton Funeral Home

23h DATE

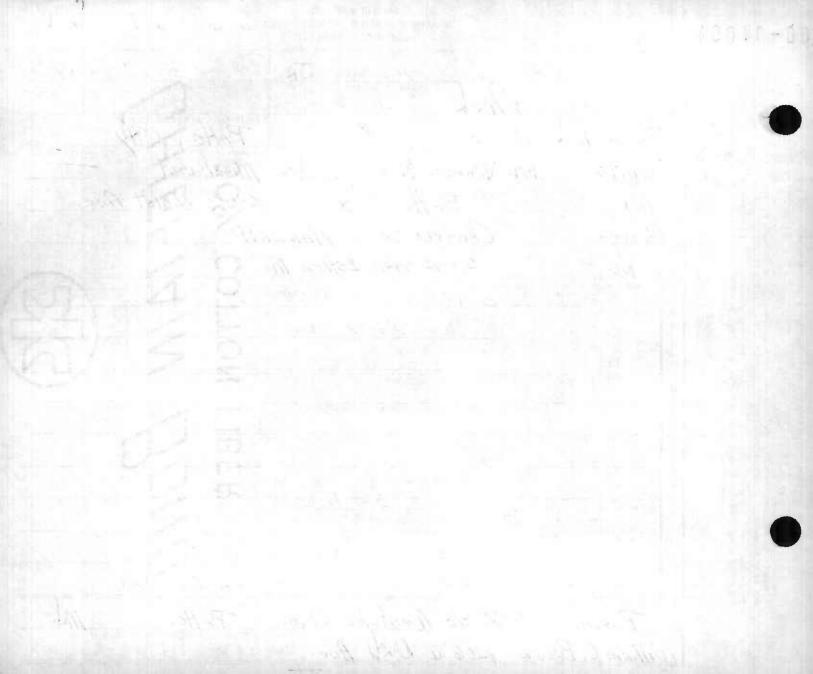


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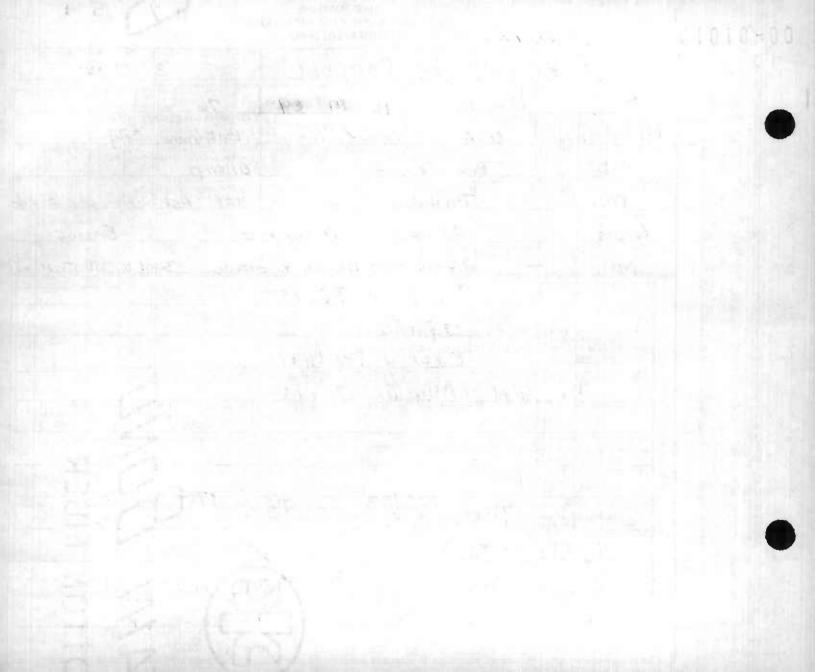
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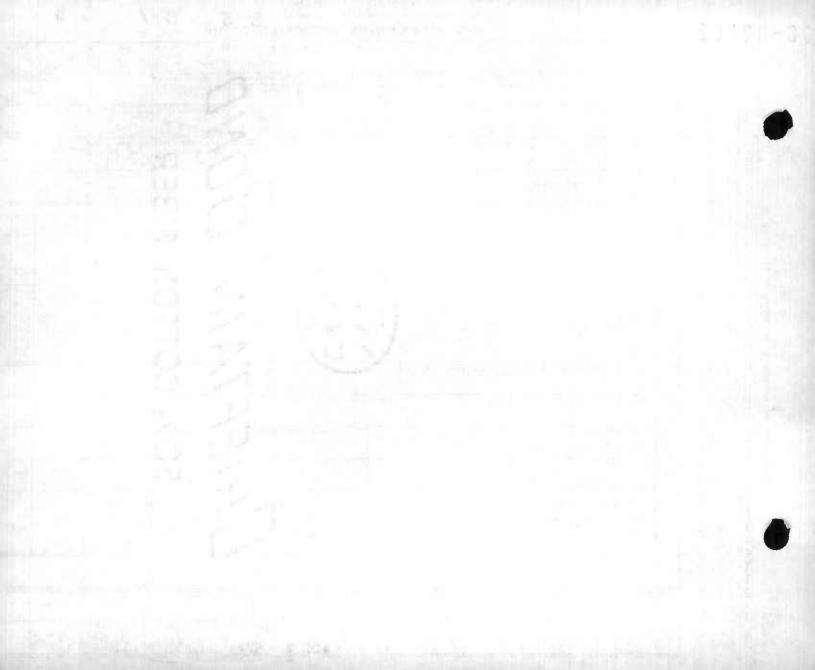
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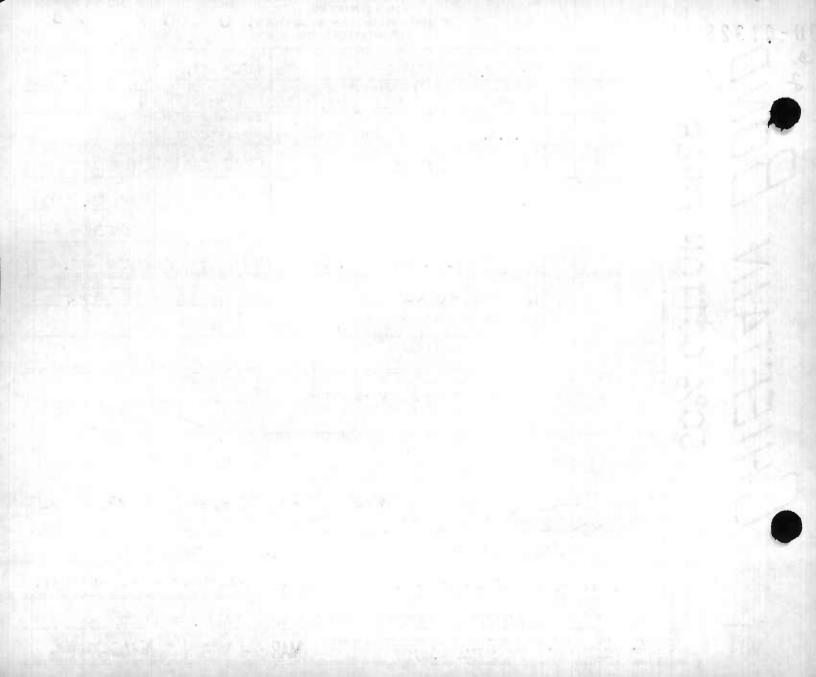
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	FUS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ILED, WITHIN 72 HOURS OI W/PRESTON STREET,	10. C	ITY OR TOWN OF DEATH	11 NAME OF HOS			OR OTH	ER INSTITU	TION	12a. USUA	AL OCCUI	PATION	TYPE OF WORK	12b. KII	ND OF BU	SINESS
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	DELAY 3 TO TH IN PAG 205 200		Baltimore AL RESIDENCE (IF IN NURSING HOME O			BEFORE ADMISSIO	INI			100		DCI	VICC)			
21201	ANN AND SAND SOUTH	113a S	STATE 1136 COUNT		13c CITY	ORTOWN		13d INSIDE C	/ - 1	Tae STREE	T ADDRE	SS		0.1	0.10	0.4
	A A STAN	-	Md.		Ва	lto.		YES 🖸	NO 🗌		S.	Ва	llou	Ct.	212	31
MD.	H. 2	14, F	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	M	IDDLE	1715		LAST	
a,	DEATH MA PM AND OF KID	1	Samuel	P:	irai	no		Enna	anary			V	izzin	i		
WO	ATTR DEATH IF ANY DELAY IS NE REPAGES 1, 2, AND 3 TO THE FUR I FORM PM 3. RETAIN PAGE 5 F IGES 1 KND 2 SHOULD BE FILED, W SIGN OF VITAL RECORDS, 201 W	16a.	WAS DECEASED EVER IN U.S. ARA		166 SOC	IAL SECURITY	NO.	17 INFORA	MANT	371	18 M	a PODR	ESAve.			
5	F A T G S	1	No	WAR OR DATES	1000			Mrs	. Dore	othy	Ma	nn	Balt	0	Md.	
3	AGERS	F	18 CAUSE OF DEATH (Enter onl	v One couse per line	for (a) (b	and (c)				0 0117	110		Daic	T Al	PPROXIMATE	INTERVAL
5	DE OF			E CAUSE (o) Ar			tio (aardi	orra a ana	lar	dico	200		BETV	WEEN ONSET	AND DEATH
PRESTON	A BOARS		IMMEDIAT			SEQUENCE (caruic	Jvascu.	.tar (UISCO	ase		-		
100	E E STEEL		Conditions, if ony, which	DOE TO, OK	AS A COL	43EOOEINCE (<i>N</i>									
2	E Z Z Z Z Z		gave rise to immediate	(b)												
3	ANE SERVICE SE		lying couse last.	DUE TO, OR	AS A CON	SEQUENCE C)F									
96	NDING IN MEDICAL EX AS A BURIA AS A BURIA CREMATION	100		(c)				3.7				923				
RECORDS	SOCIAL BURLAND		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ITEO TO THE TERM	NAL OISEASE	OR CONDITION	N GIVEN IN PART	1 (a)				11111		
8	#5655#	O N														
	口光一〇出	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?	2116				20 /	AUTOPSY?	
DIVISION OF VITAL	古용불記유록/	Ĭ	PETER TRANSPORT											,	YES 🗆	NO X
- L	WO WO	1 5	210 EXTERNAL CAUSE WAS	21b. TIME OF			21c HC	OW INJURY	OCCURRED	LENTER NA	ATURE OF INJ	JURY IN ITEA	A 18 PART I OR P		,,,,,	
0 2	CERTIFICATE TING THE WED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO		UNDERLYING OR	HOUR A.M			100									
S	PAR PAR	MEDICAL	CONTRIBUTING CAUSE OF D	P.M. 21e PLACE C		19	21f LO	CATION								
Ž.	DE SEE	ME	WHILE NOT WHILE	STREET, FACT				TREET			CITY OR TO	WN	C	YINUC		STATE
	WRI WARI		AT WORK AT WORK	<u> </u>												
	ATE, ORV, IES, IES, IES,		22a. I certify that I took charge	e of the remains des	cribed obc	ve, held an	Autops	sy .	Inspection	X.	Inquiry		ond in my d	pinion		
900	ME WELL		death resulted from: Nature	ol causes X.	Accident	Sui	cide 🔲	Hamic	ide .	Undeter	mined mo	onner [7.			
	ARY ARY		A	THE PLANE				TITLE (S	PECIEY)							
	A COLOR		ACTUAL SIGNATURE	ON	7				istant	MEDIC			DATE	. 2	3-26-	86
	SER BENZ		SIGNATURE TO	1	-			U. <u>1000</u>	Lacarre	MEDIC	ALEXAM	MINER	SIGN	ED	20	00
	MEDICUTE CUTE SE 4 FUNE FR DE	1	EXAMINER'S NAME Ann	M. Dixon	, M.D).		1000000	111 Pe	enn s	St.,	Balt	to., M	D 2	21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WICHD-PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USER AFTER DEATH, WITH THE STATE DEPARTMENT CHIEF THE STATE DEPARTMENT	23a B	URIAL, CREMATION, REMOVAL 2	7h DATE	122. 4	NAME OF CEA		ADDRESS_	NDV	1224 100	LACITA					
		(SPECIFY)			NAME OF CEN	IE IERT OI	KCKEMAIC	JKI	23d. LOC	RIOWN		CO	UNITY	STA	ATE
07/84 25M	BP	74 5	Removal	311261186)				25e. DATE RE	C'D BY D	ECICTRA	D 755 D	EGISTRAR'S	CICNIA	LIDE	
	DHMH - 17		NAME	ADDRESS		1 - 3			LJO. DATE KE	C D. BT K	D .	K 230 K	SAL .	SIGNA!	UKE 4.	
	(VR A15 ME (5))		Anatomy B	oard	Ba	alto.,	Md	· ADD	R 10	1981	della.	1346	ARIXA	-	3	17 1
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V	16		STATE REGISTRAR 4/8/	/86 rja		ICAL EXAM				FDEATH ,	REG. NO.	3 -3 3	
NO	/-		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20. DATE KNO OF ES			26. HOUR
EASE TOR.		3. SEX	[4 RA	KEV	TN 5. DATE OF BIRTH	Mark		CAREY	IF UNDER	DEATH MA	TED □ 3-7	-86 19 DAY YEAR	R 2d HOU
S NEGSSARY, PLEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. DI, WITHIN 72 HOURS W, PRESTON STREEL.				nite	MONTH DAY		BIRTHDAY) MC	NTHS DAYS	HOURS	MIN PRONOUNCED DEAD	3-7		7:45P
RAL I	2	FOI	RTHPLACE (STATE OR		76 CITIZEN OF WH		To.	RRIED ME	VER MARRI	9. BALTIMORE	_		
N. S.	30		Maryland	1	U.S.		WIDO	OWED	DIVORC	ED Baltimo			JM
R DEATH-FE ANY DELAY IS NEC AGES 1, 2, AND 3-TO THE FUN RRM PM 3-RETRAIN PAGE 5-FF 1 AND 2 SHOULD BE FILED. WI 1 AND 2 SHOULD BE FILED. WI	31	-12	ry or town of de Baltin	more	Francis	SCOt.t Me	edical			120. USUAL OCCUPATION FOR MOST OF WORKING ITOOL & Dye	LIFE)	OR INDUS Aerospa	STRY
PANDS PANDS POLICE AND STATE OF THE PANDS	35	13a. S1	RESIDENCE (# IN N TATE Tryland	1136 COUNT	R OTHER INSTITUTION, GIVI TY. LIMORE	Berkshi	MN	13d INSIDE C	NO X	7503 Lange	Street,	/21224	
DEATH-	31	1	THER'S NAME FIRST Ennett		MIDDLE L.	Care	y,Sr.	Do	R'S MAIDE IRST PLS	EN NAME MIDDLE		Brandt	
BALTIMORE, S AFTER DEAT GIVE PAGES PITH FORM PY PITH FORM PY NATISION OF W	2	16a W	(AS DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARA		16b. SOCIAL SEC		17. INFORA			DDRESS	2- 1	
T., BALTIM NURS AFTER WITH FOR	OR REMOVAL C	_	NO CAUSE OF DEA	TH (Fator call		213/62/		Amy L	, car	rey (wife-sa	me as I		ATE INTERVAL
CON ST., I 24 HOUR ITEM 18. LONG W PERMIT. GIENE. DI	ر		PART I DEATH	WAS CAUSED	y one cause per line to BY: Pheno E CAUSE (o)	yclidine :		ition				BETWEENON	SET AND DEATH
IN 24 IN ITE ALOR	MOVA		7347			AS A CONSEQUE	NCE OF				N		
WITHI WITHI WANS TAL	R REA		Canditians, if gave rise to	immediate	(b)							L Paris	
201 W. PRES UTED WITHIN EYAMINER, RIAL - TRANS	O Z		cause (a) statir lying cause las		DUE TO, OR A	AS A CONSEQUE	NCE OF						
DS, 2 CKCU JG' II BURI AND	ATIO		PART 2 OTHER SIGNIFICA	INT CONDITIONS ((c) CONTRIBUTING TO DEATH B	UT NOT RELATED 10 TH	E TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PA	RT 1 o'.			
RECORDS D BE EXE PENDING MEDICA AS A BU	CREW	NO								FF LOW L		1100	
VITAL RECORDS, 201 W. PRESTO SHOULD BE EXECUTED WITHIN 24 ORD "PENDING" IN PENCIL IN IT CHIEF MEDICAL EXAMINER ALO ELUSED AS A BURIAL - TRANSIT PE TOF HEALTH AND MENTAL HYSI PI	IAL,	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFOR	MED?			20 AUTOPS	
OF VIT ATE SH THE CH JID BE U	E	ERTI	210 EXTERNAL CA	USE WAS	21b. TIME OF		210	HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR	YES 🔀	NO 🗌
RTIFICATE SPONDE THE WOOD TO THE COSHOULD BE SPARTMENT.	£3	CALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY	YEAR 9						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.	21201 PRIOR TO	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE [21e PLACE O			STREET		CITY OR TOWN		YINUO	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DR	MARYLAND, 2		death resulted fro		e of the remains desc	ribed obave, held	an Aut Suicide [OPSY X, Hamic TITLE (S	PECIFY)	Undetermined monner		apinian E _{NED} 3-8-86	
SEAT SEAT	SE,		SIGNATURE	000000	west his	C How			Stairt	MEDICAL EXAMINER	R SIGN	NED O OO	
ECUT GE 4 FUN	No.	1	EXAMINER'S NAMI (TYPE OR PRINT)		Margarit	aA. Kore	11,M.D	ADDRESS_	111	Fenn Street			
DXADA	8	230.BL	JRIAL, CREMATION,					OR CREMATO		23d. LOCATION CITY OR TOWN	Monari	YTHU	STATE
BP_ 80	-	24. FL	Crematio	n	3/10/1986	Green	Mount	Cremat	LOLY 25a. DATE I	Baltimore, REC'D. BY REGISTRAR 21	BEGISTRAR'S	SIGN PURE	
DHMH-17 (VR A15 ME (: 15M 2/80	5))	Wa	Îter Broo	ks Bra	dley Inc.	Balto.,	Md. 2	1222	MAF	111986	lmande	on-Nones	

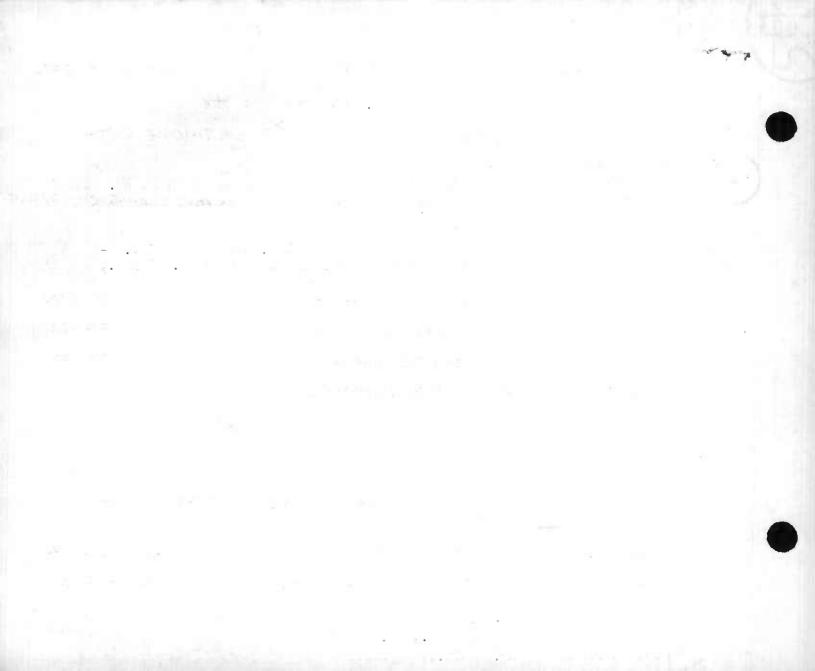
10 (10 feet 1 1 feet) 1 (10 feet) 1 (10 feet)

N ST., BALTIMORE, MARYLAND 21201	refire the executed within 24 hours offer death. Page 4 may be	find the control of completely filled in by the funeral director page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the district be executed within 24 hours ofter death. Page 4 may be ed by the hospital or ottending physician.	UNERAL DIRECTOR. After this certificate has been signed by the attendance plan and completely filled in by the funeral director, page 3 dib detached for use as the buriol-transit permit. Then please is the page 1 and 2 should be filed within 72 hours often death

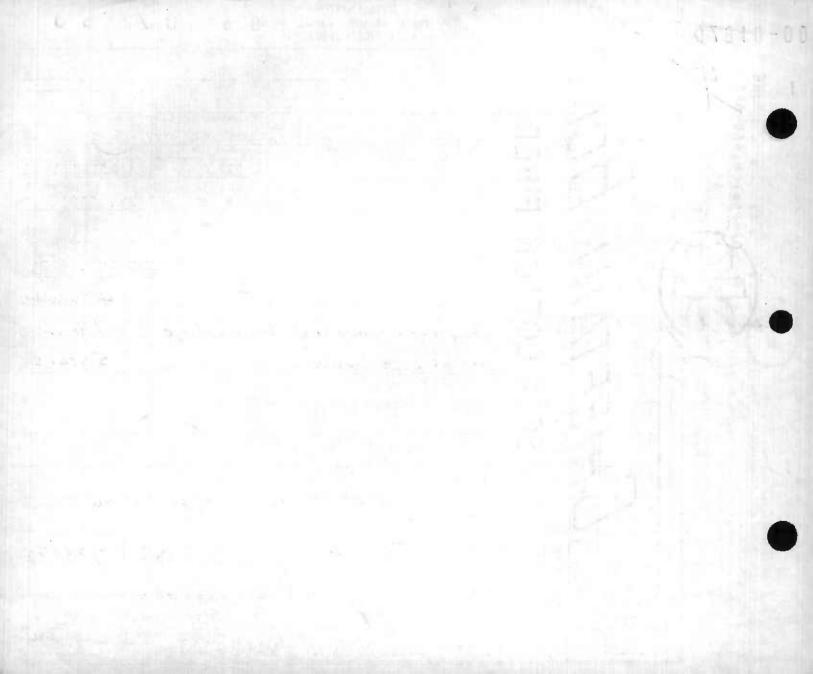
		FOR	DEADI	MENT OF HEALTH AND MENTAL HYG	will b 17 7	3 5 8
0-00126	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH		0 0
10-00120	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
9 e o	{TYPE	OR PRINT)) T T	CADEV	3/7/46	7 30A
moy be page er deat	3 SE		4 RACE	S DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
s off		FEMALE	BLACK	3/23/07	78 YRS	MONTHS DATS HOURS MIN.
Po de sino	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
nero nero		Maryland	U.S.	WIDOWED DIVORCED	BALTIMOR	E CITY MD
The form	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1201 nn by t be filed		LTIMORE CITY		MORIAL HOSPITAL	Cook	Lunchroom
021: 1 hou d be		AL RESIDENCE HE NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131 CITY OR TO		13e STREET ADDRESS / ZIP CODE	
AN 24 fills should should		MD	BALTI		602 E. 43rd	ST. 21212
MARY:	14. 17	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDIE	LAST
	360 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
LTIMORE, be execution and execution and execution and execution and execution and execution are supported to the support of th			VE WAR OR DATES) 220-22	Ms. Ma	rgaret Mann	WD 03036
ALTIN			nly one couse per line for (a), (b) a		3rd ST. BALTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Physical Phy		PART I. DEATH WAS CAUSI	TE CAUSE (0) Septic			BETWEEN ONSET AND DEATH
N SI	1	IMMEDIA				
ESTO DUMO		Conditions, if ony, which	(16) Cholecy	stitis / cholongi	tis	
W. PRESTON ST		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
thot thot d by ease of, c		underlying couse lost	(c)		SELVIZIONE SILE	
uires uigne en pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110
RECORDS. Tow require. To seem signer to be prior to be ve ony injure.	TIO	190 DATE OF OPERATION	O Vascular a	CCIAMT HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
REC.	FIC	DATE OF OPERATION	THE CONDITION TOR WITH	TOPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
VITAL N The sysicio cote h ronsit Hygie 18 sho	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO PA	
OF V CLIAN Physical		OR CONTRIBUTING CAUSE OF DE	217	DAY YEAR		
ON HYSh Iding buri	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF VIT NG PHYSICIAN ottending physic first this certification os the burnol-trom is and Mental Hyg orked or them 18 s	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE.	FARM ETC)	CITY ON TOWN	57472
A Af Af S and S an			ital) attended the deceased from	5/6 19 7		19_26_ that (we) lost
CTO Groon of the nation of the	1	sow the deceased alive or obove (1) we (did) (did no	of view the body after death.		death occurred on the date and havi	and from the causes stated
OR he ho ORE ochec Ochec		226 SIGNAFORE	00	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		22d PHYSICIAN'S NAME CLYPE	Vint .	PHYSICIAN [13/1/8
O HOSPITAL TO FUNERAL Should be de with the Stork						
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store	22- 1	ROBERT F.		NAME OF CEMETERY OR CREMATORY	MORIAL HOSPITA	L
BP		Removal	3/10/86	THAME OF CEMETERT OR CREMATORY	CUY OR TOWN	COUNTY STATE
	24 FI	UNERAL DIRECTOR	3/10/00	250. DA	TE REC'D. BY REGISTRAR 251 REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		A na tomy	Board ADDRESS	Balto., Md. MA		mindon forder

1970	1 -	FOR STATE REGISTRAR	DEPAR	MENT OF	E OF MAKTLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 7	3 5	9
		EASED NAME FRST OR PRINT) BARR	MIDDLE		AST TRP		3-28	YEAR 2	SOLA A
	. SEX	MALE	4. RACE WHITE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	YRS.	HIHS DAYS	IF UNDER 24 HRS. HOURS MIN.
35	0	THPLACE (STATE OR FOREIGN OUNTRY) IARYLAND	75 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O	_	2	M
1	B	ACT CITY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI SINAL HOSP!	TAL (OF BALT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE	ON WORKING LIFE)	12b. KIND OF INDUSTRY NONE	BUSINESS OR
184		MD	OR OTHER INSTITUTION GIVE RP TECHTY ON TO ISC. CITY ON TO	RSTOW XXX	YES NO	12362 BON 13e STREET ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	REST R	D. 21	136 • x & x & x & x & x & x & x & x & x & x
30 miles		THER'S NAME FIRST JEROME	CARP		15. MOTHER'S MAIDEN NA. BETTY	WIDDIE		JBIN LAST	
o di co	60 W	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES) 16b SOCIAL SEC		17 INFORMANT MRS CANTAL 221			O., MD	
event, th		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), one of the cause per line for (b), one of the cause (b).		RREST		JEE	BETWEEN ON	ATE INTERVAL INSET AND DEATH
ormotio		Conditions, if any, which	DUE TO, OR AS A CONSEO	OUND	HYPOTENSIOI	J		32+	HRS
rothert		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ		HOCK			32 H	HES
ınlury, o	NOI	D. J.C.	CHRONIC ACTIV			INAL DISEASE OR CONE)ITION GIVEN	IN PART IIo	
YOU S OUT	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATIO		20a AUTOPSY?	IN CERTIFYIN		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PARI	I OR PART 2]	
	MEDICAL	VHILE OCT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is mo		saw the deceased alive a	pital) attended the deceased from 3/28 19	200	nd that in (my) (aur) apinian	death occurred an the do	ite and hour a		at (I) (we) last ouses stated
T. If hem		Mark S.	noveab	_ ^	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAND	3-28	
IMPORTANT		MARK S.	Noveck		SINAL HOSFIT	AL, BALT	, MD	2121	5
2	(urial, cremation, remova pecif BURIAL	1000		EMETERY OR CREMATORY	23d LOCATION	· ·	OUNTY	STATE
83			LEVINSON & BROS		FRIENDSHIP DAT	RO1 1986	25b. REGISTRA	RE SIGNATION	-

CTATE OF ALADMI AND



STATE OF MARYLAND



						ICATE OF DEATH	REG.	NO.		1
	DECEASED NAME	lary		MIDDLE	ı	Carr	20 DATE OF DEATH		DAY YEAR	
2.6		•		D.	1		4.05		8 86	/ /
3 5	Female		White		A MONTH	st 8 ,1895 EAR	6 AGE (IN YEARS LAST I		MONTHS BA	
70.1	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZENOF	WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore City		OFDEATH	
(D)	New York		USA		WIDOWE			- Lund	M	2
94	CITY OR TOWN OF DE Baktimo	re	(IF NOT THE	ronumenor:	Pats H	or other institution ospital	176 USUAL OCCUPA	TION FOR WORKING LIF T	126 KINT INDUST	D OF BUSINESS
35 M	UAL RESIDENCE (IF NUR STATE Maryland	13b COUNTY		Balto.		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 304 Tapl	ow Rd.	21.	212
340	FATHER'S NAME Burt	Enos Da	ana	LAST		15 MOTHER'S MAIDEN NA Kitt Hoo				LAST
0 160	WAS DECEASED EVER	R IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		Michig	an Ave	2.
medi	NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES!	212-09-2	655D	Doris C. Gil	bert Berk	ely, C	alif.	94707
roumotic event,	18 CAUSE OF DEAT PART I. DEATH V	WAS CAUSED E IMMEDIATE (BY CAUSE (a)	Candle R AS A CONSEQUE Mobile	NCE OF	puratory a	mest		BUW	ROXIMATE INTERVAL EN ONSET AND DEA
I, cremo	gave rise to im cause (a), stati underlying causi	nmediate ing the	DUE TO, OI	R AS A CONSEQUE		13				
ws ony injury, or other ti	cause (a), stati underlying causi	mediate ing the e lost GNIFICANT CO	nditions <u>cc</u>	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FIN	IDINGS USED SES OF DEATH?
ol Hygiene prior to buriol, cremon 8 shows any injury, or other tr	PART 2 OTHER SIG	MERLYING CAUSE OF DEATH	196 CONDI	R AS A CONSEQUE ONTRIBUTING TO D OTION FOR WHICH FINJURY M. MONTH DA	OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FIN YING CAUS	IDINGS USED SES OF DEATH?
tree mis certificate nos been signed by the so the buriol-transit permit. Then places erom hand Meanal Hygiene prior to buriol, cremo orked or them 18 shows any injury, or other transition to the source of them 18 shows any injury, or other transitions. MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERIOR THE	NDITIONS CO	R AS A CONSEQUE THE PROPERTY OF THE PROPERTY	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FIN YING CAUS	IDINGS USED SES OF DEATH?
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Mitchell-Wiedefeld Hom , Inc. Balto., Md.21212

ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

6500 York Rd.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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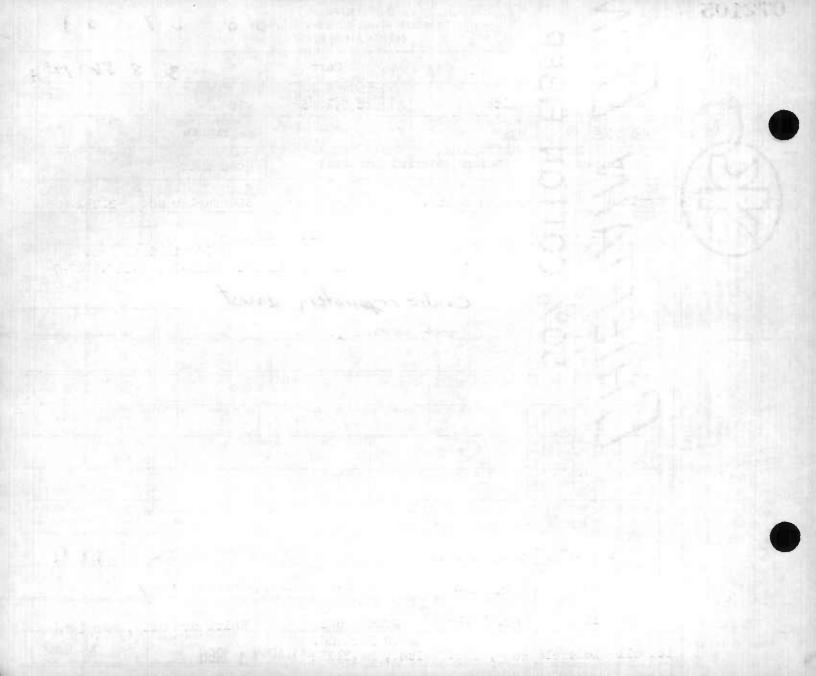
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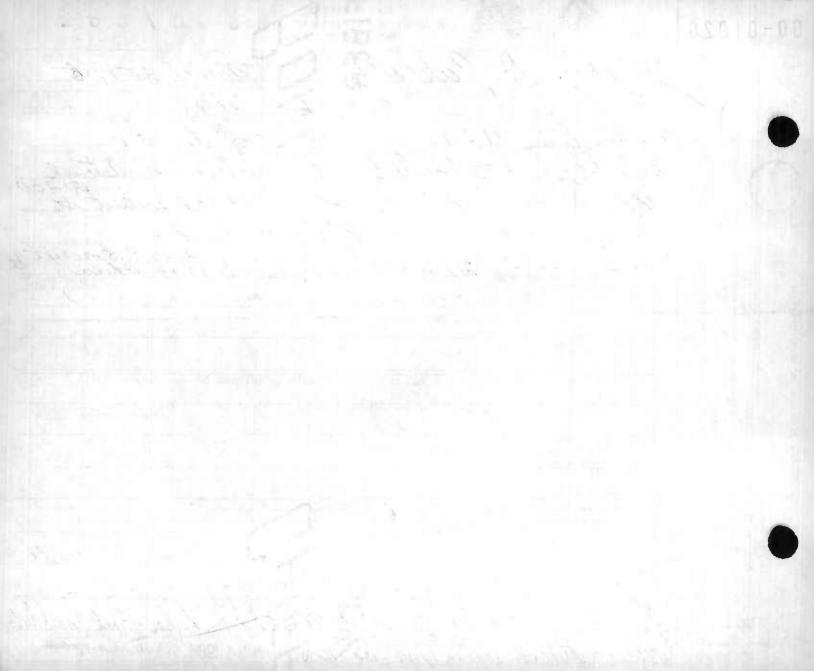
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DHMH - 16 60M 7/84

(VRA 15, 4)



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TTAL RECORDS The law requirement the special permit. The special permit is special permit.	CERTIFICATION	IN DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION	WAS PERFORMED	26e AUTOPSY9 YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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O HOSPITAL OR ATTENDED TO POSPITAL OR ATTENDED TO FUNERAL DIRECTOR Hould be detached for with the State Dept. of H		sow the deceased alive an obove, (I) (we) (did) (did not) on 175. SIGNATURE THE PHYSICIAN'S NAME (1996 OF PH)	ow the body after death.	ATTENDING PHYSICIAN ATTENDED	MEDICAL STAP	
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(VRA 15, 4)

STATE OF MARYLAND

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WM.C.MARCH F/H INC. 110°1's E.NORTH AVE.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

- a Devidoon-gandell

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Timomy T. Con

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TYPE	CEASED NAME OR PRINT)	NEA	MIDDLE	CAR	-WILE	20. DATE OF DEATH	3 /28/86	730 PM
	3. SEX	RTHPLACE (STATE)		CITIZEN OF WHAT COUN	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS VRS. R COUNTY OF DEATH	
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	USUA 13a S		TOR. C JURSING HOME OR O 1136 COUNT	THER INSTITUTION GIVE RESIDENCE Y 13c. CITY OF	E BEFORE ADMISSION)	Kuy 6	13e STREET ADDRESS	55 Co 1	BELLER
7	14 FA	THER'S NAME FIRST			mon t	YES NO 1	717DRUIL	PR. LAKO	17
	16a V	VAS DECEASED EV	ER IN U.S. ARM	ED FORCES? 166 SOCIAI	SECURITY NO.	17 INFORMANT MARY	Atw./E	2613 Fd	makes on
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	9	URIAL, CREMATIO	h	4/4/81	May C	A NARY	23d LOCATION TY OR TOWN	カカかり	a assault
	24 EU	MERAL DIRECTOR	1	Hours 10	dre.		TE REC'D. BY REGISTRAR	256, REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CHENE

00-	0061	5	1-	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG, NO.
				CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
pe	eo th		(TYPE	OR PRINT)	C	Casey	March 13,1986 3 PM
4 OF	od b		3 SE	Regina	4 RAÇE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 - 2	rs off			+	W	June 24, 1912	"73 MONTHS DATS HOURS MIN.
Po	hou hou	25	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	IRY? 8	9 BALTIMORE GITY OR COUNTY OF DEATH
eoth	Sero Sero	0		ountry faryland	MSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City
2	with with		10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 , I SUAL OCCUPATION 12b. KIND OBBUSINESS OR INDUSTRY
201 rs of) à P (1		K	2/4/more	4607 Willshir	e Avenue 21206	Secretary Meat Pk. Co.
AND 21:	filled in nould be	5	13a S	AL RESIDENCE (IF NURSING HOME OR	136 CNY OR I	TOWN 13d INSIDE CITY LIMITS? YES X NO [130 ATREET ADDRESS IN CODE RE206
AARYL	Ro	0	14 FA	THER'S NAME	Mehliss Mehliss	15 MOTHER'S MAIDEN NA MON 4	ME Mc Kenna
BALTIMORE, A	Poper 1	L		AS DECEASED EVER IN U.S. AR		0-4280 Eugene	Casey 460) will shie Ave, Bat
T., BALI	phy npo movent	b		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b D BY: E CAUSE (o)	" Rospiratory =	Insufficiency 2 months
N Cer	h cert ding orbor orrer		1	MANUEDIA	DUE TO, OR AS A CONSE	FOURNCADE 1 1 1 C	
EST deot	otten ove c nion,	-		Conditions, if ony, which	(b)	Metastatic	Breast Cances 342.
W. PR	by the sse rem cremo		Ž.	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	EQUENCE OF	
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0 3	mit. I	10	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
AL RE	t per t per ene	6	TIFIC				YES NO YES NO NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low required of physician.	rons Hyg 18 sh	13		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
O SICLA	ertif riol-t entol	7	CAL	OR CONTRIBUTING CAUSE OF DEA	····	19	
SION PHYS	this e bu	1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	PICE FARM ETC 1	CITY OR TOWN COUNTY STATE
No sto	fter os th th or orke		4	AT WORK AT WORK	10/10/2019	N. I os	Alac
END TO	DR: A USE Heol			220 I certify that the (this hospi	to pattended the deceased in	ond that in (myr (our) opinion	to March 1903 that the (we) lost
ATT	d for	19	N.	indove, the eliminated on		ond mor in (any) (deli) opinion	death occurred on the date and hour and from the causes stated
bITAL OR	detoche detoche late Dep			Kennis	Arang	ATTENDING PHYSICIAN [MEDICAL STAFF 3 14 86
	FUNER old be d the Sto	1		274 PHYSICIAN'S NAME INTO	9	12 CANTESS. 04 M	4 Concerconter
O HOS	TO FUNERAL should be det with the State IMPORTANT:	1			angiulio	N- U	cone St, Balt, Md 2120
				URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
BF	P		I	Burial	3-17-86	Holy Redeemer	Baltimore, Md.
	H - 16 60M 7/I	34	-55	INERAL DIRECTOR	ADDRE	ESS	AR 1 8 1986
	(VRA 15, 4)			Leonard J. Ruck	. The 5305 Ha	rford pd IVII	וור וור וויר

Leonard J. Ruck, Inc. 5305 Harford Rd

31301-10 Die 2 Dark Stoden A P. F. D. Sand Harris H. Harris R. and and and 34 3 4 km 14 1 State State ME STEEL STEEL SELECTION SERVER WHEN & THE MARKS HOUSE IT IN THE RESERVE 2 was the way through the said and LINE TO A COURT OF BUILDING WORLD Totals Ba The Total State of the Table

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

069054 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DE EASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR WE CHARRY. JUANITA CASSELL MARCH 1986 4:40 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER ! YEAR IF LINDER 2 MONTH YEAR 11 27 1920 65 White Female A BIRTHPLACE I STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE West Virginia U.S.A. WIDOWED DIVORCED | CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 38. STATE 136 COUNTY 136 CITY OR TOWN 30. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Dundalk YES [NO X 7417 Hillcourt 21222 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Keyes P. Aimee Harry Gum ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) IVES NO OR UNKNOWN) Same as 13e No 213-34-0948 Harlow Cassell APPROXIMATE INTERVA BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIDVASCULAR COLLAPSE 40 mir IMMEDIATE CAUSE (a DUE TO, OR AS A GONSEQUENCE OF RENAL FAILMERE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Vears MALIENART LYMPHOMA underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOT YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY LAT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OF TOWN STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not view the bady after deal) 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS BALTO Md 21228 JIMMY 230 BURIAL CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Burial 3/7/1986 Arbovale Cemetery

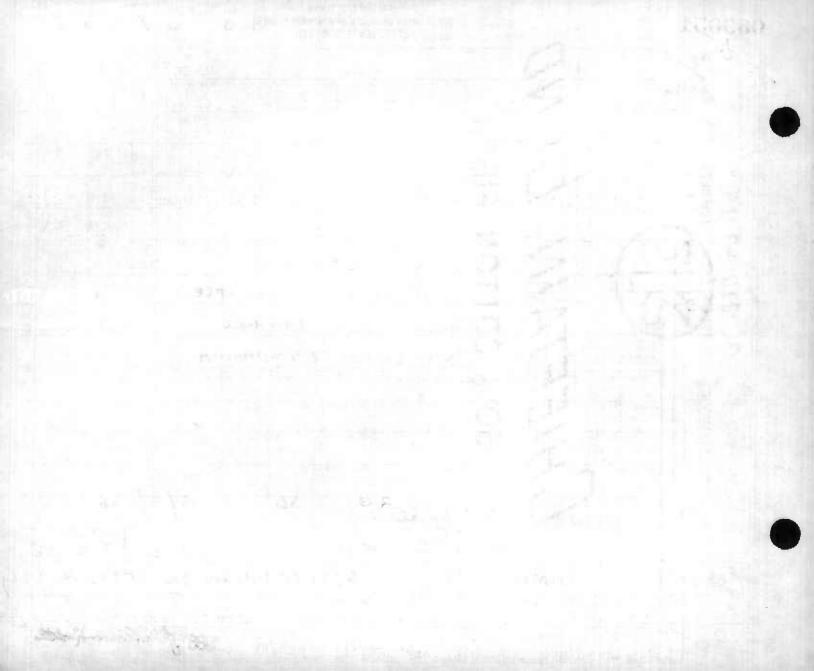
DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk. Maryland 21222

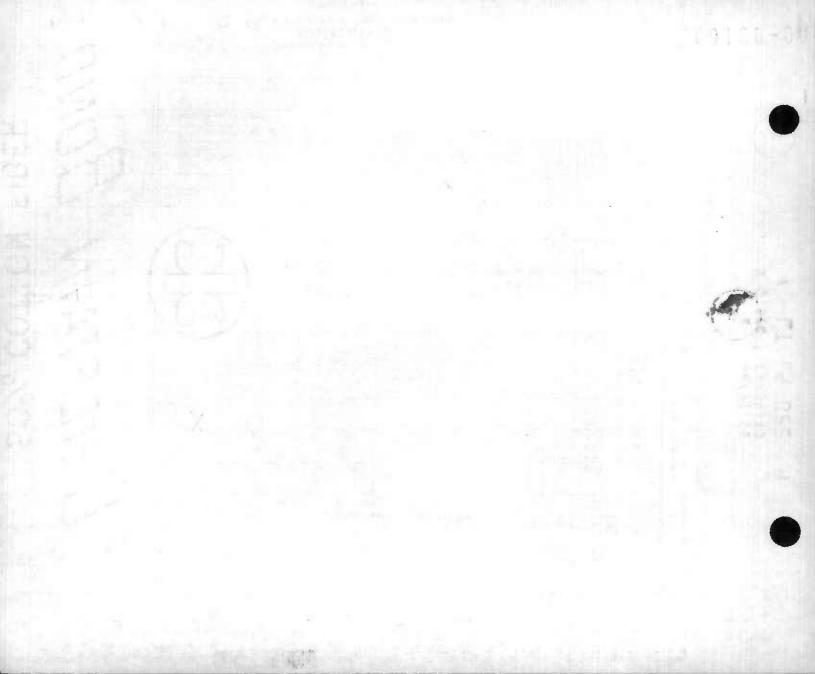
Arbovale 250 DATE REC'D. BY REGISTE

Pocohantas W. Virginia



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mod .	3. SE	X		4 RACE		5. DATE C	FBIRTH		6 AGE (IN YEARS LAST BI	RIHDAY	IF UNDER I YEAR IF UNDER	R 24 MRS
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eoth. Po	.7a Bi	RTHPLACE (STATE OR COUNTRY) Baltimore	FOREIGN		WHAT COUNTRY	MARRIEI WIDOWE	D NEVER M	ARRIED X	9 BALTIMORE CITY OF BALTIMORE		OF DEATH	MD.
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xecu t ges		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMAN		atherman,		rstown, Md	
→ 【 註詞類		18 CAUSE OF DEAT	TH (Enter only	y one couse per	line for (o), (b), o	nd Ic					APPROXIMATE INTER	RVAL
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		BURIAL, CREMATION, SPECIFY) burial	, REMOVAL				EMETERY OR C		23d LOCATION CITY OF TOWN		L'OHNIN 6	STATE
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STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

	6.3	REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	AIDDLE	100	AST	26 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		Myrtle	NMN	Caul	field	3-29-86		М
	3 SEX		4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
Я	I	Female	White	MONI	10-27-1900	85 YF	RS	MIN.
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU		
0	1	Balto Md	U.S.A.	WIDOWI	DINORCED	Baltimore	City	MD.
	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK IT		F BUSINESS OR
-		Baltimore	4255 Nic	cholas	Ave.	Home Maker		
1	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	TY IBL CITY OF	timore	134 INSIDE CITY LIMITS?	4255 Nicho	las Ave.	-21206
	14 FA		MIDDLE LAS	51	15 MOTHER'S MAIDEN NAM	ΛΕ MIDDLE	LAS	it .
	160 V	Robert G	oodwin Med forces? 166 Social	SECURITY NO	17 INFORMANT	APARESS -	T 7	- C
	{ 4	res, no or unknown) (IF yes, givi	WAR OR DATES) 212-	01-924	Mary C. Pfe		Lane Ave	
	CERTIFICATION	Conditions, if any, which gave rise to immediate couse to isotaing the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	G TO DEATH BUT			GIVEN IN PART 110	
9	TIFIC.	THE DATE OF OPERATION	176. CONDITION FOR W	THICH OFERATIO	N WAS PERFORMED		RTIFYING CAUSES	OF DEATH?
7	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)	
	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hospit	ol) ottended the deceased t	rom	. 19	to		that (I) (we) last
		sow the deceased alive on	vipy the body after death.	. 19, o	nd that in (my) (our) opinion d	leath accurred on the date and	hour and from the	couses stated
		THE SIGNATURE	Mus	11.5	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
		RAYMOND VI	n. ATKIN	5	220 ADDRESS 550 N. /	BROADWA	Y	
	23a B	URIAL CREMATION REMOVAL SPECIFY Burial	336 DATE 4-2-86		more Cem.	23d LOCATION CITY OR TOWN Baltimor	ce, Md.	51 ATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows a

John C. Miller Inc-64105 Belair Rd.

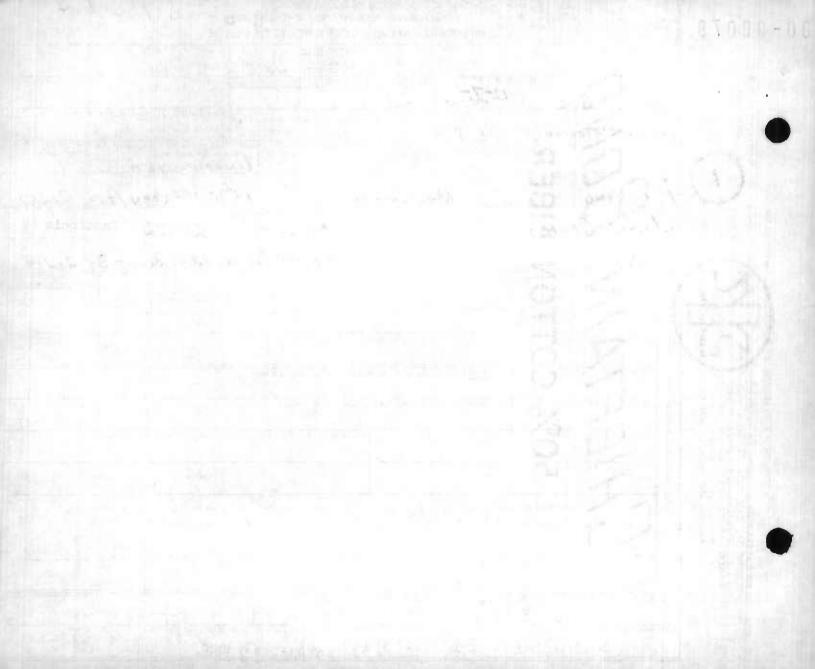
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NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be all or aftending physician.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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2068	1	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	GIEN 6 0 7	3 7 2
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n 72 hou		RIHPLACE (STATE OF FOREIGN OUNTRY) BALTO., MD.	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF BALTIMORE C	
rs ofter de by the fur filed within	10 C1	Y OR TOWN OF DEATH BALTIMORE		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Counsler	126 KIND OF BUSINESS OR INDUSTRY Good Will Ind.
ed within 24 hour mpletely filled in tong 2 should be forecomment must be comminer must be.	13a. S M a	TATE ITYLAND THER S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 13c. CITY OR TO Baltim	Ore 13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA FIRST	13e STREET ADDRESS / ZIP CODE 3300 Benson Ave.	Apt. 430 21229
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4905 York Road Balto., MD

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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MARYL in within details and 2 s		THER'S NAME FIRST MODULE LAST	15. MOTHER'S MAIDEN NAM Alersthe	Q WMI	Chance
BALTIMORE,		AS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES)	CURITY NO. 17, INFORMANT	ADDRESS	
W. PRESTON ST., out the death certific by the attending physe remove carbon por cemoritan, or remonther traumatic even		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECTION Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (c) CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) (c)	DUENCE OF A CONTROL OF	ture Fant	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
NG PHYSICIAN: The low requires th rate of the this certificate has been signed as the buriol-transit permit. Then pleat though Mental Hygiene prior to buriol arked or Item 18 shows any injury, or the decrease of the tem 18 shows any injury, or the decrease of the tem 18 shows any injury, or the decrease of the decrea	IFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMI	20a AUTOPSY? 20b IF YES, V	VERE FINDINGS USED
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TO HOSPITAL O estamed by the TO FUNERAL DI should be detact with the State DB with the State DB WHAPORTANT. If F		27d PHYSCIAN'S NAME (TYPE OR PRINT) GORIG FUENTES M	22e ADDRESS	medical staff director physician =	more, Md.
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	NERAL DIRECTOR Anatomy Board Anatomy Board	Balto MdAPR 3	REC'D BY REGISTRAR 256/REGISTRA	NOTIONATURE



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	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, V. BALTIMORE, M.	-	EXAMINER'S (TYPE OR PRIN	NAME Deni	nis	F. Smy	thy M	I.D.		ADDRESS	111 E	Penn S	St., E	Balto.	, Md.	2120	1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINTS 330 IF UNDER ' YEAR IF UNDER 73 HRS 32 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OF FOREIGN MARRIED WEVER MARRIED Pennsalvania DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JUAL RESIDENCE (IF NUR De STATE 13c CITY OR OWN 13e STREET ADDRESS / ZIP CODE 3001 Pulashi Eddewood YES NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME 166 SOCIAL SECURITY NO 17 INFORMANT Mknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) STATE anti D sotuno D The I certify that the hospital attended the deceased from March our) apprion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 77 should be 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE was the first of the state of the CHAPEL OF MEMORIESOOD (VRA 15, 4)

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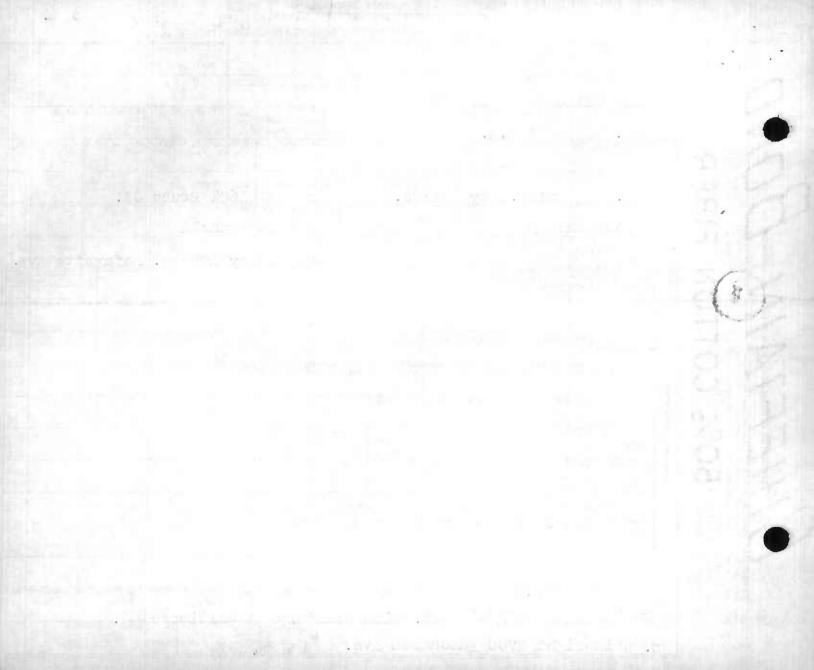
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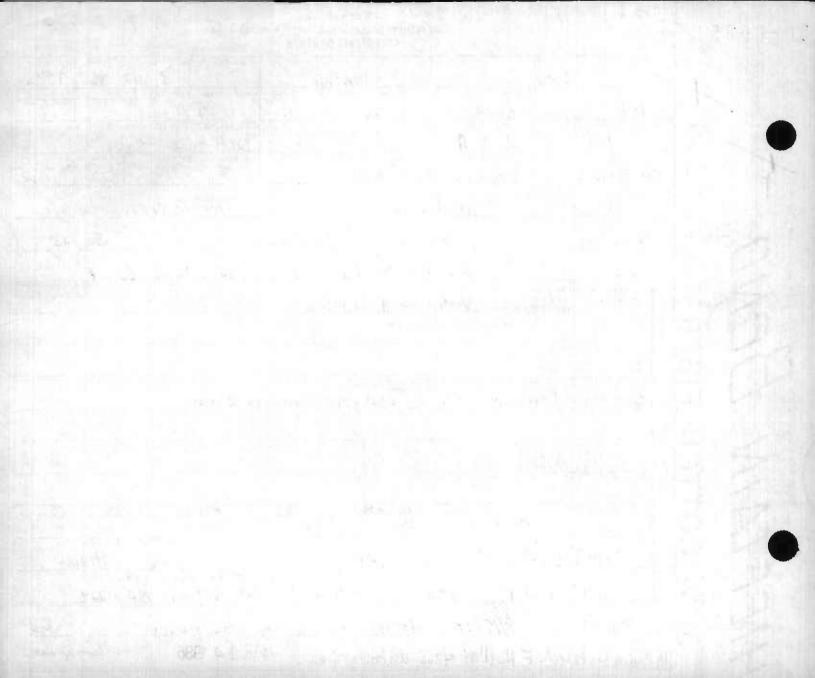
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BALTIMORE, MD. 21201	ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BE FILED, WITHIN 72 HOURS WITAL RECORDS, ALL W. PRESTON STREET,	130 S		13b. COUN			ORTOWN		13d INSIDE C	NO 🗆	13e. STRE	et addres	uce	Ct.	212	17
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0 0	0000		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		1.1	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	4 44 1	K	John	1	Christian	3	12 86 909 AM
		1.1	ex .	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	b 11	-	MODE STATE OF FORFIGN	Black	10 11 31	34 YR	S
	1 12 8	5	COUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED	1 16 11	NTY OF DEATH
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AND	7 1	1	Ma	171	imore des I NO	- 12 Parre	en lane
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ALTI	al period	-	18 CAUSE OF DEATH (Enter of	nty one cause per line for (a).	(b) and (c)	es 730 Wharton	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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-	A STATE OF S	-	22a 1 certify tha (1) (this haspi	ital) attended the deceased			. 198 . that (D(we) last
-	ATTE COSPITE CA COSPITE CA COSPIT		saw the deceased alive an abave (1) we) (did) (did no	ot view the bady after death		ian death accurred an the date and h	aur and fram the causes stated
	He	26	22b. SIGNATURE	ile	DEGREE ATTENDING	G MEDICAL STAFF	224 DATE SIGNED
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			Dobert Fi	Sher M	1 494 Factor	cis Scott Key medical (
	54 541 %-	230	BURIAL, CREMATION, REMOVAL	236. DATE	23c NAME OF CEMETERY OR CREMATOR		40 21224
	BP		Bural	3/17/86	Ht Auburn Como	eny Baltimore	COUNTY STATE
	DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	- 11 11 11 1 1 MO	DRESS 250		ISTRAN'S SIGNATURE
		I W	Illiam C. March	F. H. WOT 43	60 Wabash five	11/11/11/11/1900	A CONTRACTOR OF THE PROPERTY.



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IMORE, I	n and c Pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IT INFORMANTI/ ADDRESS APT 21229 (YES, NO OR INKNOWN) I I FYES. GIVE WAR OR DATES) 217-20-7466 Mrs. U. I MA WAIKER 406 Athol Ave
T., BALT	physicio npapers: emavol.		IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMON ARY ARRECT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON SI	deoth cer attending ove carbo tion, or re aumatic e	H	Conditions, if ony, which (b) CARCINOMA LUNG.
W. PR	that the day the ease remain oil, cremo		gove rise to immediate couse (o), stating the underlying couse last (c)
RDS, 201	requires an signed Then pli ir to burit injury, a	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS.	The low con.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 100
V OF VII	ding physics secrification burial-train Mental Hy		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
OIVISION	ottendil ottendil frer this os the but th and M	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK COUNTY 21e PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION 51REET CITY OR TOWN COUNTY STATE
	A ATTENDI hospital a RECTOR. A ned for use ppt. of Heal		270.1 certify that (I) (this hospital) attended the deceased from March 19 86, to 5-19-19, that (I) (we) lost sow the deceased alive on 3-13-19 86, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
	0 0 0 0 0		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
	TO HOSPITAL TO FUNERAL is should be deto with the State I		SURTIT JULKA 107 E SARATOGA ST BORT INNE-
	BP	1	BUBIAL, CREMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OF CREMATORY 231, LOCATION 236, LOCATION 236, DATE 3-20-86 APPULUS TAXL 250, DATE REC'D. BY REGISTRAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)		oseph L. Russ 2222 W. North Avenue 1 9 1998 St. Twish Day
			1111111 2 0 1000 //

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6/	1.	REGISTRA Grace Edn	a Cisar	CERT	IFICATE OF DEATH	REG. NO.							
		CEASED NAME FIRST	MIDI	DLE	LAST	20 DATE OF DEATH MONTH							
	(TYPE	GFACE	Ed	na C	15AK	03	79 86 3:40 pm						
	1.5E)	7	4 RACE	1101	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.						
		/Female		ite Oy	27 10		YRS.						
20		RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH						
27		WD	15	MIDO!	VED DIVORCED	1744	10 C// 9 MD.						
13	1	ALTO	(IF NOT IN SUCHE	CHITY GIVESTREET ACCORESSI	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK HOUSEWIFE	(ING LIFE) 12B. KIND OF III INTESS OR INDUSTRY						
35		MD 136 COU		E RESIDENCE BEFORE ADMISSION C. CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?	130 SIREE ADDRESS / ZIP 1112 Church	CODE . , (21225)						
00	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST						
DC		Pete		Rost		Anna							
1		VAS DECEASED EVER IN U.S. AI VES NO OR UNINOWN) (IF YES, G	WE WAR OR DATEST	SOCIAL SECURITY NO	17 INFORMANT								
1		NO		216-28-3778	Grace Dobrod	Grace Dobrodey, 1405 Church St., (21226)							
		18 CAUSE OF DEATH (Enter only one cause per line to 10) (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY.											
		DUE TO, OR AS A PORTEGIAN POPO MAN A TO CIL											
		Conditions, if ony, which gove rise to immediate											
		underlying cause last. DUE TO, OR AS CONSOQUENCS OF X/ CATECIUOMIC (c) CONSOQUENCS OF X/ CATECIUOMIC											
	NON	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH B	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	M GIVEN IN PART 11a						
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO						
b	N STEED	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	- 110110 4 44	NJURY MONTH DAY YEA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)						
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19									
1	MED	21d INJURY OCCURRED	21e, PLACE OF	INJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
		220 1 certify that (1) 4this hasp	utal) attended them	eceased from 3-1	7-9/0 10	10 5-29	\$19.6 that (1) (we) last						
		saw the deceased alive a	544	- X Q9	ond that in (my) (our) apınıan	death accurred on the date an	d have and from the causes stated						
		above, (I) (ye) (did n	view the bady an	er-death	DEGREE		22c. DATE SIGNED						
		1/ Huy	1000		ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN (4379-16						
		224. PHYSICIANS NAME (TYPE	PR PRINT)	1/2001	22e ADDRESS	SBA	4						
1	-00	V. Y. W	ujuiii	0000 119		In contract							
	23a. B	SURIAL, CREMATION, REMOVA SPECIFY) Burial			Hill Cemetery	23d LOCATION CITY OF TOWN Proof Type Dr	,A.A.Co. Maryland						
	-	Durtat	1/2/0	Cenar	TILL CHIECELY	LE CONTAIL EX.	M.A.CO. Maryland						

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce, 4001 Ritchie Hg., Baltimore, MD. (21225)

Guie Dividen Hinds

0.0	1	STATE OF MARYLAND	07786							
00-0013		STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5							
0013	100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.							
		CEASED NAME FIRST MIDDLE LAST 20. DATE PEOR PRINT)								
W ~ . 6 V =	(TYP	CIELCO TO THE PROPERTY OF THE	MATED 2-9-96 19 M							
PLEASE CTOR. FILES. STREET.	3. SE)	THOMAS 1. Sour CLAGETT ST.	3-8-86 17 M							
STE	100	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUT	NCED							
ON STATE OF THE PARTY OF THE PA	77	Tale White Mar. 20, 1925 60YRS. DEAL	J-0-00 19 12:30A							
GESSARY, FERAL DIR OR YOU THIN 72 PRESTON	7a Bl	MARRIED NEVER MARRIED	ORE CITY OR COUNTY OF DEATH							
DAS SEL	1/10	Dashington USA WIDOWED DIVORCED Bal	timore City MD.							
SE SE S		ITY OR TOWN OF ATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II20. USUAL OCCU	PATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY							
FEREN 4		Baltimore Bon Secours Hospital	010							
AND 310 THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED. WITHIN 72 HOURS. RECORDS, 201 W. PRESTON STREET.		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	R							
S PASSON	13a. S	STATE 136 COUNTY 136 CITY OR TOWN 136. INSIDE (ITY LIMITS? 136 STREET ADDRI	ess 21220							
SHOP F		ND Baltimore Baltimore YES IX NO [1313W	Lombard Street							
MD. H. H. 12.	14. F	ATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME	AFODLE LAST							
ORE, M WRPW OF ST.	Mh	lomas Fielder Bowie Clagett Corrila	Bouse.							
ON DON'S	16g. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT	ADDRES . B-1 Spacree K							
BALTIMORE, MD. 21201 CATE CEATH. IF ANY GIVE PAGES 1, 2 AND THE COMM PM 3, RETO THE COMM PM 3, RETO MISSICN OF WITAI RECO	(,	(ESING ORUNKNOWN) (IF YES, GIVE WAR OR DATES)	nd Landing, Annapolis							
	-	The court of the Calcumnate	APPROXIMATE INTERVAL							
F 8-85E		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH							
PRESTON ST. THIN 24 HO. CIL IN THEM WER ALCOIC ANNET PERM ALL HYGIENE REMOVAL.		IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular d	isease							
N N N N N N N N N N N N N N N N N N N		DUE TO, OR AS A CONSEQUENCE OF								
PREA NIN		Conditions, if ony, which gove rise to immediate (b)								
> 32552		couse (a) stoting the <u>under-</u>) DUE TO, OR AS A CONSEQUENCE OF								
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2 - ~ 10		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g.								
DIVISION OF VITAL RECORDS, S CRRIFICATE SHOULD BE EXECRIFING THE WORD "PENDING" REDED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUSE EDEARMENT OF HEALTH AND IPRIOR TO BURIAL CREMAIN	z	The result of th								
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SHOULD ORD "FE USED IN URIAL IN	2	176 DATE OF OPERATION 176. CONDITION FOR WHICH OPERATION WAS PERFORMED?	ZU AUTOPSY?							
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OF THE WENT TO BE MANUAL TO BE	18	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF IN HOUR A.M. MONTH DAY YEAR	JURY IN ITEM 18 PART 1 OR PART 2)							
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DIVISION OF BIVE CERTIFICATE WRITING THE VARDED TO THE AGE 3 SHOULD ATE DEPARTMEN TO PRIOR TO 1201 PRIOR	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211. LOCATION								
DIV SCI ARDE SCI ARDE	X	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TO	OWN COUNTY STATE							
PAY WE		AT WORK AT WORK								
A PER S		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection X, Inquiry	and in my opinion							
NEW PERSON		death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined m	onner .							
ARIA ARIA		TITLE (SPECIFY)								
A NOTE OF THE PROPERTY OF THE		SIGNATURE M.D. ASSISTANT MEDICALEXAN	DATE SIGNED 3-9-86							
ZER RE	7	SIGNATURE MEDICALEXAM	MINER SIGNED							
N S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St	reet							
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAREN DEATH MITH THE STAND.	22- 0									
F W T F 4 W	230.8	BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMPTERY OR CREMATORY 236, LOCATION CLY OR TOWN.	COUNTY							
BP										
DHMH - 17	135 F	UNERAL DIRECTOR NAME ADDRESS ADDRESS	AR 255. REGISTRAR'S SIGNATURE							
(VR A15 ME (5))	710	eylor Funeral Chapel-Annapolis MD MAR 13 1986	ravarianden-flordett							
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1059	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	GIENE 8	5 REG. NO	0	7 3	8	1
poge 3		CEASED NAME OR PRINT!	HILT.		IDOLE		ARK		20 DATE C	FDEATH	MONTH 3	7-8 (26 HOUR	01
ector. po	3 SE	Female	4 RAG	CE B		5 DATE C		YEAR OF	6 AGE (IN	YEARS LAST BIRT	HDAY) YRS	MONTHS DA		MIN.
in 72 hou		RTHPLACE (STATE OR FOR COUNTRY)	PEIGN 76 CT	U.S.	VHAT COUNTRY?	MARRIEI WIDOWE	_	MARRIED X	9 BALTIMO	ORE CITY OI	RCOUNT	OF DEATH	,	M
by the fulled with	10 €	TY OR TOWN OF DEATH	(1	FNOT IN SUCH	OSPITAL, NURSII FACILITY, GIVE STREET Hospita	ADDRESS)	OR OTHER IN	STITUTION		OCCUPATION OF THE PORT OF		m INDIUST	one	S CA
should be er must be	13a. S	arvland	S HOME OR OTHER		13c. CITY OR TOV	VN	YES	CITY LIMITS?	3706	ADDRESS /			1216	>
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Centification of the second of	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA)	USE OF DEATH	P.A	a, month d a.	AY YEAR		NJURY OCCUR	RED LENTER N	ATURE OF INJUR	Y IN ITEM 18 1	PART I OR PART		
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2 to 10 to 1		220 I certify that (1) (t sow the deceased above, (1) (we) (dia	olive on	5/7	19	26 . or	nd that in (m	/) (aur) opinion	deoth occurr	ed on the do	te and hou	r and from t	, that (1) (we he couses stat	,
detacher detacher fore Depi		226. SIGNATURE	Tou	157	3		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN		TE SIGNED	6
D FUNE hould be		22d. PHYSICIAN'S NAM	TD	WOT	54		22e ADDRE	-HERA	HN	HO SF	PITA	HL.		
	730 F	URIAL TREMATION, RE	MOVAL 23b	DATE	236	NAME OF C	EMETERY OF	CREMATORY	23d. LOC	ATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

Mt. Auburn
24 FUNERAL DIRECTOR Rodney T. Sykes

1205 Valley Brook Court

3/13/86

Mt. Auburn

CITY OR TOWN

Letter of the Control event at this same and the same and the same and All the properties and provide the CANAN analysis of

STATE OF MARYLAND

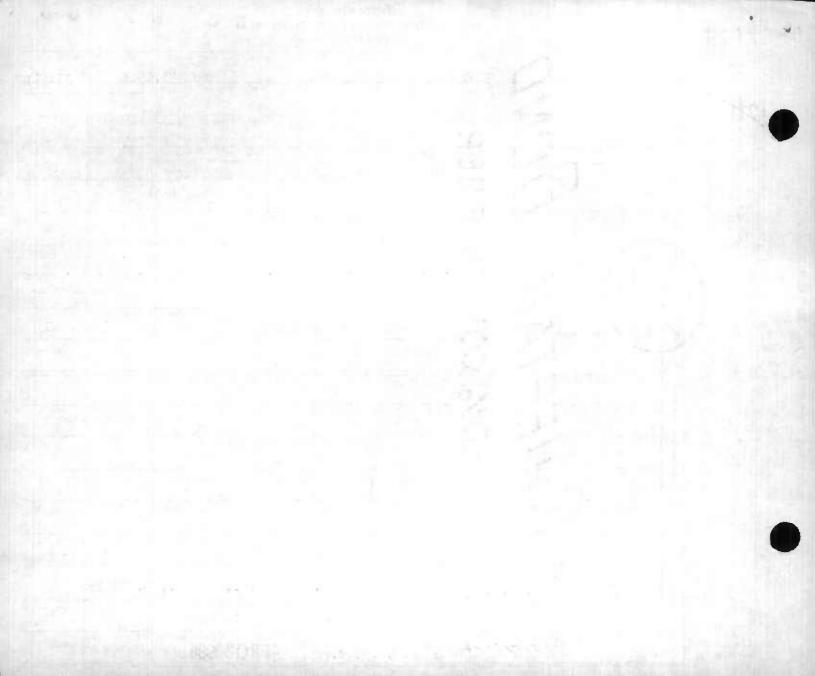
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).		
	1 DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
	(TYPE OR PRINT)	Т	RVIN	CI	ARK. Jr.	March	31.79	86	11:02mm
+	1. SEX	4 RACE	11 4 1 14	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	MALE	WHI	TE	MONIF			9 YRS	ONTHS DAYS	HOURS MIN.
	II BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	1		9. BALTIMORE CITY OR COUNTY OF DEATH			
9	COUNTRY)				D NEVER MARRIED	100		EURE	
	MARYLAND OR TOWN OF DEATH		ISA HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	BALTII (and the state of t	12h KIND O	F BUSINESS OR
1	BALTIMORE	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS1	PAL	TYPE OF WORK FOR MOST OF MECHANI	WORKING HE	INDUSTRY	CHEMICAL
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9	13a STATE 13 COUN		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		21076	
8	MARYLAND A A	co.	HANOVER		15 MOTHER'S MAIDEN NA	7109 RIDGE	RUAD	21076	
1	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	
S	SAMUEL]	IRVIN	CLARK		MARY 17 INFORMANT	REBEC			RSEY
7		E WAR OR DATES)	III. SOCIAL SECU	KIII NO.	17 INFORMANT	ADDIKE	28		KET STREET
1	YES WWII	. CLARK, III	MT.	JOY, 1					
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT	Ď BY. TE CAUSE (o)	R AS A CONSEQUE	wdu	ac arrest	- <u>- </u>			MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((6)_	r as a conseque		NOT RELATED TO THE TERM		DITION GIVE		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES		
1	OR COLUMNIC CALLET OF DE	HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
	WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REEL FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR TOWN COUNTY ST			
i	22a.1 certify that (1) (this haspe saw the deceased alive on above, (1) (we) Idid) (did no	March	3154 19 8	Mirch	nd that in (my) (aur) apinian	death accurred an the de	31 , 1 ite and hour		that (I) (we) lost couses stated
	226 SIGNATURE	l'mes Bet	ye 1)		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		220 DATE 3/3/	SIGNED 186
	22d PHYSICIAN'S NAME (149E of Viney Set;		mestely			AVE., BALT).,MD.	21229	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				emetery or crematory ridge Mem. Pa			county loward	STATE Md.
	Singleton Funer	Home	ADDRESS Glen Bur	nie,	Maryland 250 DAT	APRO3 1986	256. REGISTE	RAR'S SIGNAT	URE pie

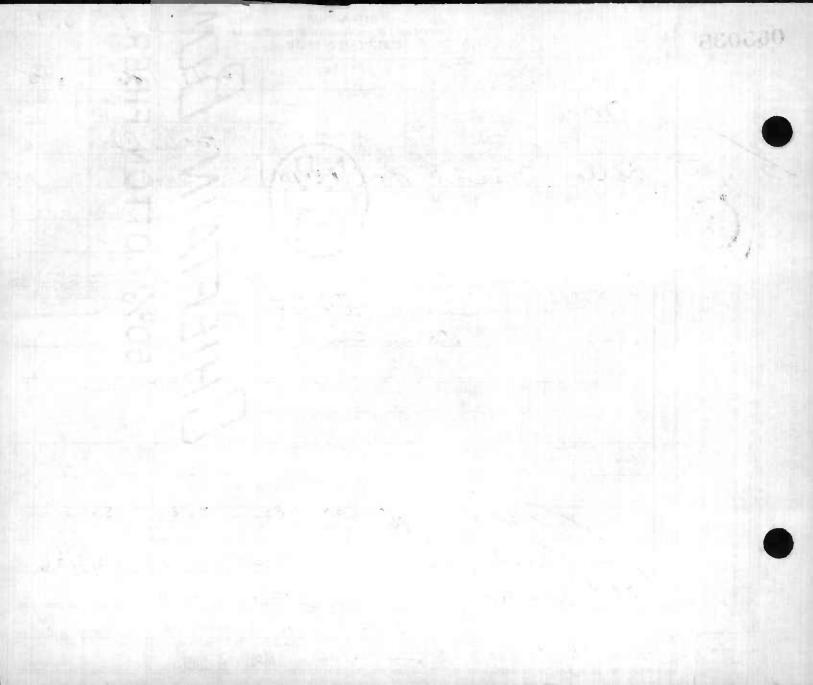
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



065038	1-	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. NO	0 7	389
y be Secution 3	I. DE	P97555	Jacob Jacob	Leo		Clay		MONTH DAY	YEAR 26 HOUR,
uge 4 mo	3.56	Male		nite			6. AGE (IN YEARS LAST BIR	YRS	NDERTYEAR IF UNDER 24 HRS
1 25	74 6	Maryland	USA		MARRIE				Fy MD.
5	90.0	Balto	P(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRES)	OR OTHER INSTITUTION OF FSKMC	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired- N	F WORKING LIFE)	26 KIND OF BUSINESS OR NDUSTRY
RYLAND 21	130. 3	AL RESIDENCE HE NURSING HE TATE Md. THER'S NAME	Balto	I GIVE RESIDENCE BEFO 134 CITY OR TOV ESSEX		13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAMERIAL	13e STREET ADDRESS / 400 Essexy		art 21221
ORE, MA			ıown	166 SOCIAL SEC	URITY NO.		nknown ADDRE	SS	100
ALTIM		NO 18 CAUSE OF DEATH (E	etar estra especiale	214-16-		Paulette Moo	re 400 Esse	xwood C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRDS, 201 W. PREST requires that the dec en signed by the other Their please remove or to burind. Coendition (injury, or other troum.)	NOI		ote the DUE TO, C	ONTRIBUTING TO		NOT RELATED TO THE TERM	inal Disease or coni	DITION GIVEN I	N PART I I o
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TO HO TO FU Thought	230 F	URIAL, CREMATION, REM	OVAL 236. DATE	1230	NAME OF C	5280 EAST	een Ar	re_	
ВР		Burial	3/5/	-		wn Cemetery	Baltimo	re	Maryland STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	(NERAL DIRECTOR	Timera	300 M	ace Av	0.100.	AR 4 1986		S SIGNATURE



Ambrose Funeral Home 1328 Sulphur Spring MAR

STATE OF MARYLAND

250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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letely filled in by the funeral director p d_a2 should £

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR		•	CATE OF DEATH	REG. NO).		
1		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A
1	LIANE	NANNIE	Ξ	CLIFF	ORD	MARCH 7,	1986		12:07
1	3 SEX		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
١	F	emale	Negroid	12	- 24-1909	76	YRS	IHS DAYS	HOURS MIN.
2	7a BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
	1	Virginia	U.S.A.	WIDOWE		BALTIMOR	E CLLX		MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INSTITUTION	12g. USUAL OCCUPATION		126 KIND O	F BUSINESS OR
ŀ		BALTIMORE	THE JOHNS HOPK		PITAL	House Ke	ever		
1	USUA 130 S		R OTHER INSTITUTION GIVE RESIDENCE BEI		138 INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	2/2	Lienue
	14 FA	THER'S NAME	0100	- 1	15 MOTHER'S MAIDEN NAM		<u> </u>	0	× × C. / N C
	W	illiam	MIDDLE Cliffor	d	Edith	MIDDLE		100	995
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 218-43	7-2186	Margaret	Hutton 1	10/Ken	Wocc	IAVe.
		18 CAUSE OF DEATH Enter of	nly ane cause per line for (a), (b),	and ici	7			BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) CO. rdio	pulman	ary arrest			min	vtes
			DUE TO, OR AS A CONSEC	QUENCE OF					
		Canditions, if any, which	((b) Seps13	2				da	45
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF				da	
		underlying cause last	1 perito	onitis				4	43
	NO		conditions contributing t		NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN		
	ATION		(0)	O DEATH BUT		NAŁ DISEASE OR CONI		IN PART TIO	
The second second	IFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT		200 AUTOPSY?	206. IF YES, W IN CERTIFYIN	IN PART TIO	IGS USED OF DEATH?
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	19% CONDITION FOR WHI	TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	IN PART TIO	IGS USED
	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT	19% CONDITION FOR WHI	O DEATH BUT		200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	IN PART TIO	IGS USED OF DEATH?
		PART 2 OTHER SIGNIFICANT OF THE PART OF THE PART ON THE PART ON THE PART OF T	216 PLACE OF INJURY	ICH OPERATION DAY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? YES NO CO	206. IF YES, WIN CERTIFYIN YES THE TEM TEM PART TO	ERE FINDIN G CAUSES	IGS USED OF DEATH?
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT I	216 TIME OF INJURY HOUR A.M. MONTH P.M.	ICH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN YES THE TEM TEM PART TO	IN PART TIO	IGS USED OF DEATH?
		PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY	O DEATH BUT ICH OPERATION DAY YEAR 19 CE FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? YES NO CO	20b. IF YES, WIN CERTIFYIN YES THE PART I	ERE FINDING CAUSES OR PART 2)	IGS USED OF DEATH?
		PART 2 OTHER SIGNIFICANT I	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL) attall gittended the deceased from	DAY YEAR 19 CE FARM. ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? YES NO OCCUPANTURE OF INJUR CITY OF TOO	20b. IF YES, WIN CERTIFYIN YES THE THE TEM TO PART I	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
		PART 2 OTHER SIGNIFICANT I	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL) attended the deceased from	DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d	200 AUTOPSY? YES NO OCCUPANTURE OF INJUR CITY OF TOO	20b. IF YES, WIN CERTIFYIN YES THE THE TEM TO PART I	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE state (we) last
		PART 2 OTHER SIGNIFICANT I	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL) attall gittended the deceased from	DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d	200 AUTOPSY? YES NO OCCUPANTURE OF INJUR CITY OF TOO	206. IF YES, WIN CERTIFYIN YES THE TEM IS PART IN THE MISS PART IN THE MIS	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE state (we) last
		PART 2 OTHER SIGNIFICANT I	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	DAY YEAR 19 CE FARM. ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d	200 AUTOPSY? YES NO CONTROL OF INJUR CITY OR TOV 10 40 MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WIN CERTIFYIN YES THE TITLE MIS PART 1 THE AND TH	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE state (we) last
	MEDICAL	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) atty view the bady after death.	DAY YEAR 19 CE FARM, ETC.) M.	216 HOW INJURY OCCURR 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d DEGREE P. ATTENDING PHYSICIAN 22e ADDRESS 600 N.	200 AUTOPSY? YES NO CITY OR TOO CITY OR TOO death accurred an the do	206. IF YES, WIN CERTIFYIN YES THE TITLE MIS PART 1 THE AND TH	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE state (we) last
	MEDICAL	PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHIE AT WORK AT WORK 22a. 1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did not 22b. SIGNATURE)	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) atty view the bady after death.	DAY YEAR 19 CE FARM, ETC.) M.	216 HOW INJURY OCCURR 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d DEGREE 10. ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTROL OF INJUR CITY OR TOV 10 40 MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES TO THE MISS PART IT THE MI	ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE state (we) last
	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) atty view the bady after death.	DAY YEAR 19 CE FARM, ETC.) M.	211 LOCATION 211 LOCATION STREET 19.86 d that in (my) (aur) apinian d DEGREE ATTENDING PHYSICIAN 22e ADDRESS COO EMETERY OR CREMATORY	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJUR CITY OR TOV 10 40 MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES TO YIN ITEM IS PART I	ERE FINDIN G CAUSES ORPARI 2) COUNTY 86. , 4 d from the c	STATE ST

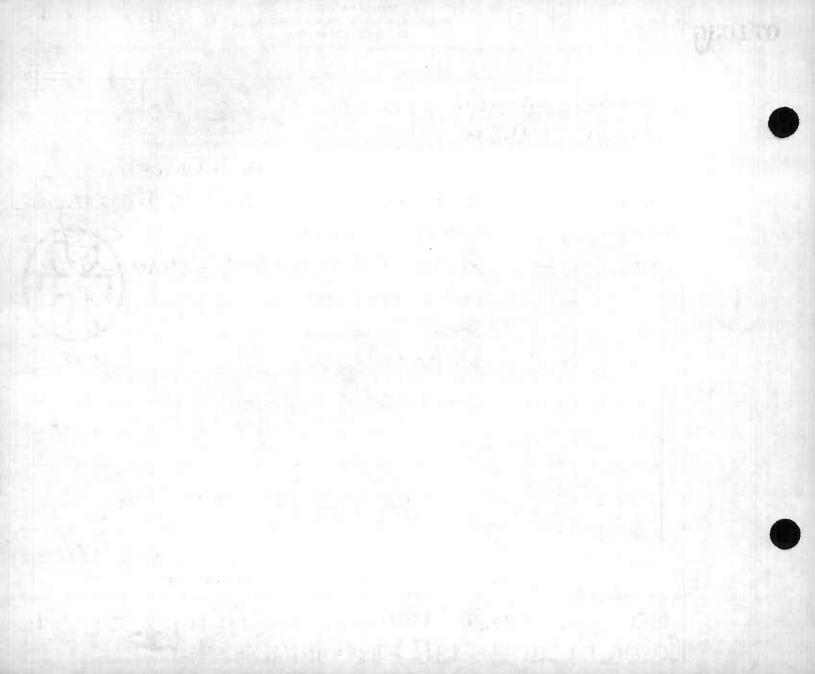
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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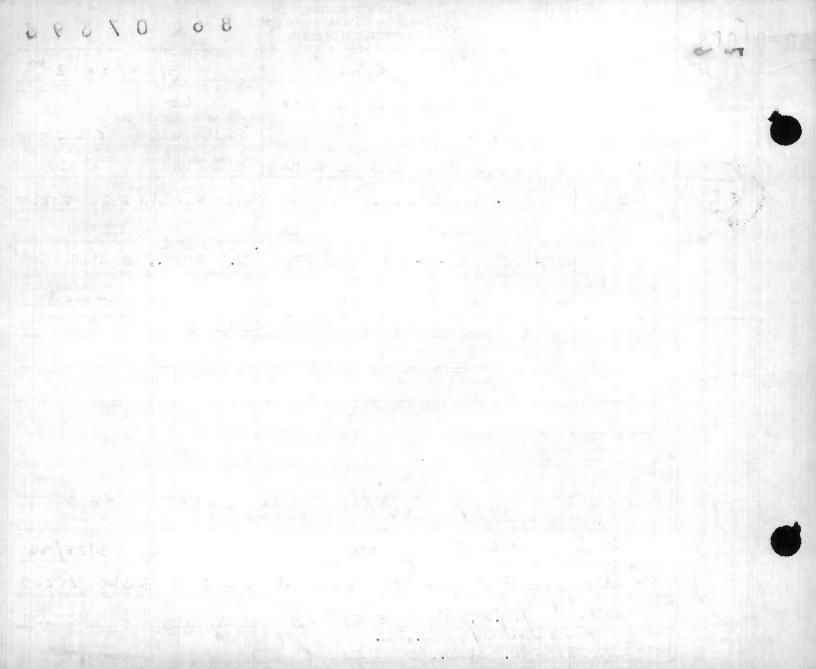
IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached far use as the burial-tronsit permit. Then please with the State Dept, at Health and Mental Hygiene prior to burial, cri

After this certificate hos been

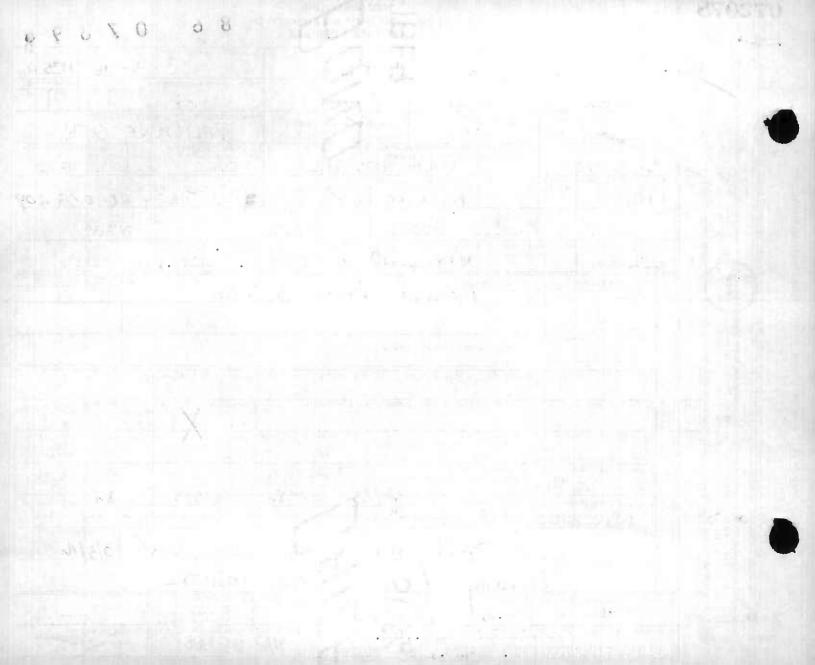


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR -01187 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ALLEN COHEN **ISRAEL** & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX YEAR 39 WHITE BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MAINE XXXX WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h MOTOTHINGOR SALESMAN APPLIANCE HIMOR L SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE BALTIMORE 13d. INSIDE CITY LIMITS? 3507 ROCKDALE CT. BALTIMORE MARYLAND #21207 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDU MIDDLE UNKNOWN HARRY COHEN IDA MRS. SARAYGOHEN 16b. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 3507 ROCKDALE CT. & BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO BEVERE CONGESTIVE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. MURTIPIE MUNCARDIM INFARITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. YES I NO I 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (K (this hospital) ditended the deceased fram_ and that in (my (our) opinion death occurred an the date and hour and from the causes stated obave. (1) (we) (did) (did not) view the bady ofter death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 0 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECHY) BURIAL MAR.19,1986 COUNTY MARYLAND BALTIMORE BETH TFILOH 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BY RECTISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) 6010 REISTERSTOWN RD, BALTO, MD 21215

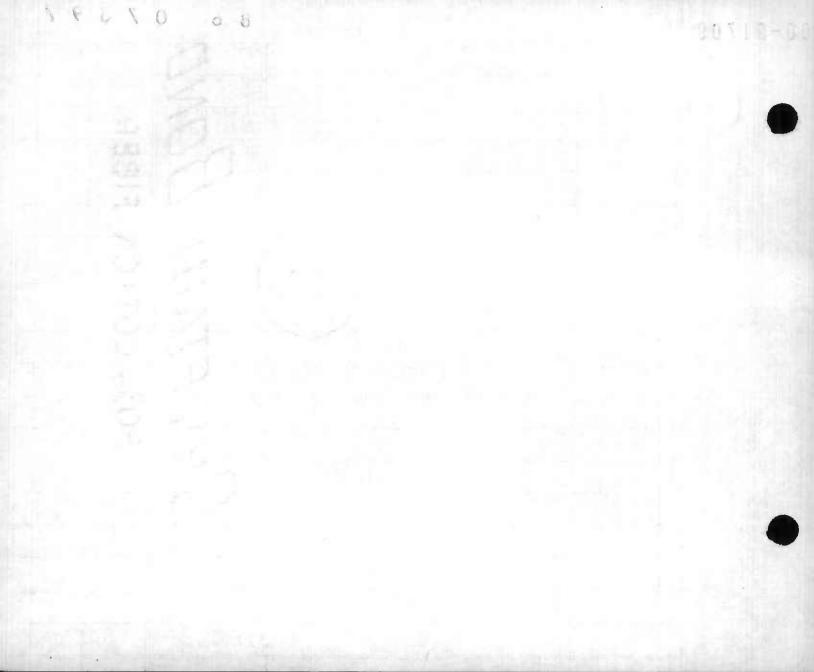
	1			ST	ATE OF MARYLAND		
01969	1	FOR STATE REGISTRAR			F HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 6	07395
O (Ambigues)	I. DE	CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
31 75	[14P	Benjo	cmin		Cohen	31	28/86 2 am
	3, 5E	X	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
900		male		asian a	4 [23/17		RS.
100 56	la B	RTHPLACE ISTATE OR FOREIGN COUNTRY MARY LAND	76 CITIZEN OF		RIED NEVER MARRIED	Ballimore city or con	
10	13	or TOWN OF DEATH	SINC	HOSPITAL, NURSING HOM CHEACILITY, GIVE STREET ADDRESS)	S of Balt.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK SALESMAN	126. KIND OF BUSINESS OR
(发	3a.		BALTO.	130 CITY OR TOWN BOLLIMAN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP (3805 By Lic	
11/3	HE)E	JÄCOB	MIDDLE	COHEN	15 MOTHER'S MAIDEN NA		UNKNÖWN
Popel C	16a Y	VAS DECEASED EVER IN U.S.	ARMED FORCES?	220-01-6681	3805 BYFIEL	D RD. BALTO.	, MD 21207
ugned by the otheriding phrent please remove corbon preparation, or remover the bundl, cremblish, or other traumoric even	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUENCE OF	re heart	Failure MINAL DISEASE OR CONDITION	8d
To promi	RTIFICATIO	19a DATE OF OPERATION		DITION FOR WHICH OPERAT		YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
of the state of th	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY A.M. MONTH DAY YEA P.M. 1	AR	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
The state of	MEDICAL	21d. INJURY OCCURRED HILE NOT WHILL AT WORK		OF INJURY TREET FACTORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR. AT		22a.l certify that (I) (this h saw the deceased alive abave, (I/(Ve) (did) (di				6 to 2/28 death occurred on the date on	19 5 6, that (It (we) last d hour and from the couses stated
by the host by the host ERAL DIREC State Dept.		276. SIGNATURE	Bh	y orier death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
PO FUNER Pounde by MPORTAN		Richmo	Jd P. I	Allan MD	Sinci Ha	ispilal of	Ball. 21209
BP		BURIAL, CREMATION, REMO	MAR. 3	0,1586 HEBRE	F CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMORE STEREC'D. BY REGISTRAR 255. RI	MARYLAND
IMH - 16 50M 4/83		UNERAL DIRECTOR SOI					
(VRA 15, 4)	60	10 REISTERSTO	WN RD.	BALTO. MD	21215 A	DD 0.4 1095 La	exeriding handelles.

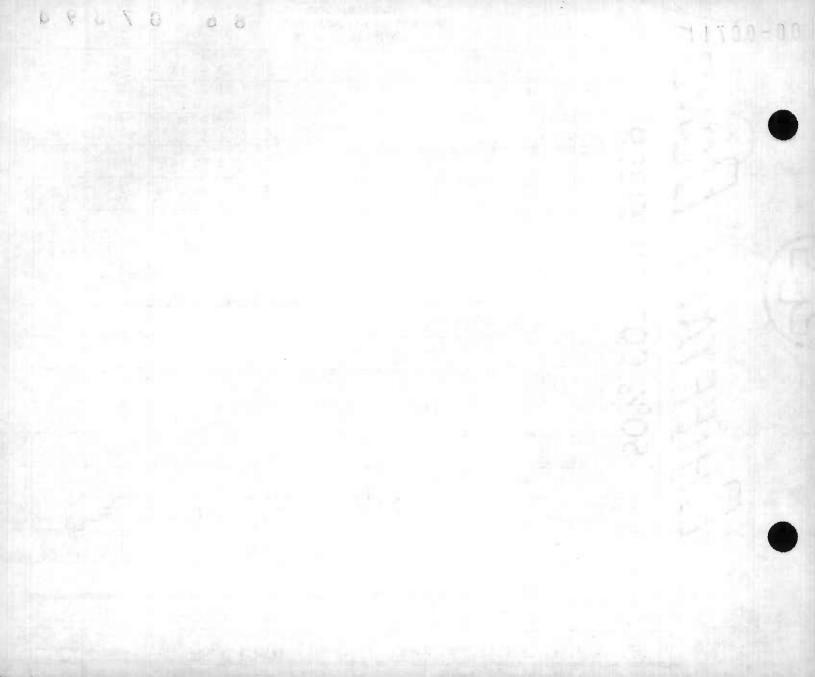


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31:00:0	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HYC	GIENE 8 6 0	7 7 7
4		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1096
ne 10		CEASUR NAME ERST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 22 10		RUTZ	R	COHEN	3-3	- 86 1:35 PM
1	1.58		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
80 80		FEMALE	W HITE	3/20/18	67 YRS	
2 22	7n. B	RETHEFLACE CLEATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
1 1100		MINNESOTA	USA	WIDOWED DIVORCED	BALTIMOR	THID.
11/10	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY COVERS THE	SING HOME OR OTHER INSTITUTION EET ADDRESS),	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
11/13		SALTIMORE	Ollo		CLERK	STATE OF MD
1 22	130	AL RESIDENCE (IF NURSING HOME OR 13b. COUN	NTY 13c CITY OR TO	OWN 1134 INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
6 1		IND I	BALTI	MURE YES NO [\$503 TANEY	ROAD 21209
1 1220	14. 49	STHER'S NAME	MIDDLE LAST DOT	15. MOTHER'S MAIDEN NA	MIDDLE	PAYMAR
3 500	Die 1			KLEIN SARAI	BERT H. COMEN	PAYMAR
1 de 91	100	MAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)	M		21209
(1)	VY	XXEMMXX	470-		RD. BALTO., MD	
100		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	Patic Breast Our	risemo-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o) 1 E COLO	TWICE ETCEST COU	activity-	
the series		Candidan II U.I	DUE TO, OR AS A CONSEC	QUENCE OF		
4 4000		Conditions, if ony, which gove rise to immediate	(b)			
1 A 1 5 4		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		
# Pag 5		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART Ita
The state of the s	NO.					
1 11111	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED
25 25 2	E					YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
A STATE OF S	CERT	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB P	ART I OR PART 2)
20 101	3	OR CONTRIBUTING CAUSE OF DEA		19		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICA	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
古	-	WHILE WORK		2/1	212	9.1
N	18		tol) ottended the deceased from	X L	, 10	19
E		sow the deceased alive on above, (Twe) (did no	t) view the body after death.	, and that in (my) (our) opinion	death occurred an the date and hou	
A DON'T		22b. SIGNATURE	Ochon	DEGREE ATTENDING	MEDICAL STAFF/	224. DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Walls	PHYSICIAN [DIRECTOR PHYSICIAN D	13/3/86
FUNES OF THE SIGN		22d. PHYSICIAN'S NAME (TYPE O	1 11	22e ADDRESS	1/2 0.79/	
0 0 0 0 0 0		L). Lally 1	JINA	HOSPITAL	
	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		CLLT THE ANABYO	23d LOCATION CITY OF TOWN	COUNTY STATE
BP				CHIZUK AMUNO	BALTIMORE TE REC'D. BY REGISTRAR 256. REGIST	MARYLAND
DHMH - 16 50M 4/83	100		LEVINSON & BROS			RAR'S SIGNATURE
(VRA 15, 4)	L 60	010 REISTERSTOWN	N RD. BALTO	MD 21215	11 1000	

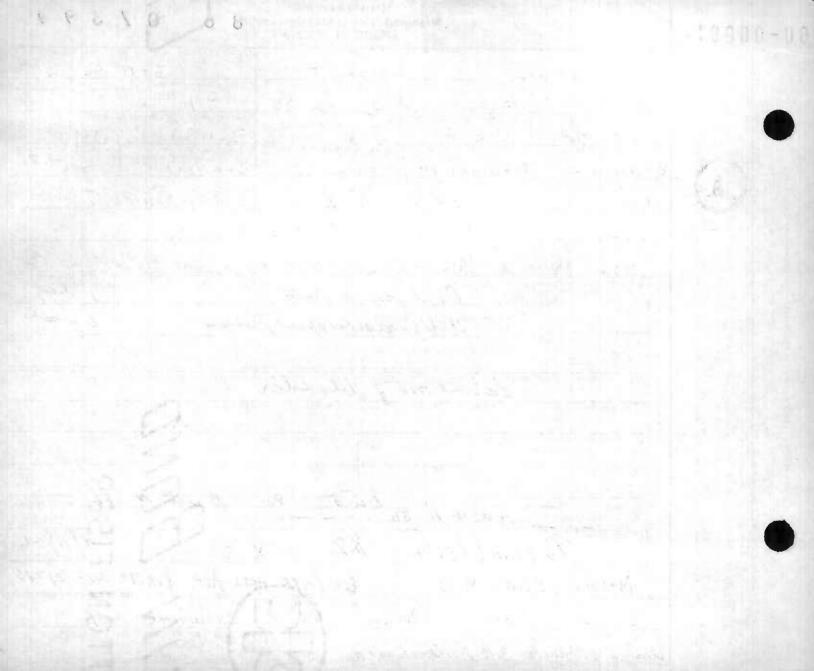


				STATE OF MARYLAND		0 0 0 7
01709	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	0/39/
01100		CEASED NAME FIRST	WIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
8 6.t	(TYPE	LEONARD	MURRAY	COLEMAN		3 27 86
you do	3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
	N	lale	Black	MONTH DAY YEAR 13	7:	MONTHS DAYS HOURS A
Pog 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8		R COUNTY OF DEATH
de .		Va.	USA	MARRIED K NEVER MARRIED	Baltimo	
ф + = р	30 CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
of the		Balto.	Provident Hos	ET ADDRESS)	Retired	Beth. Stee
hours d in b	-U5U/	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	13e STREET ADDRESS /	
fille ould		Md.	Balto.	YES X NO	2311 Ros 1	n Avenue 21216
other 2 sh	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
b land Soc	E	dward	Coleman	Florence	MIDDLE	LASI
d co	16a V	VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES	URITY NO 17 INFORMANT	ADDRE	SS
Page exe		ES NO OR UNKNOWN) (IF YES GI	216-10	-3195 Mary M. Col	eman 2311 F	Roslyn Ave.
person		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), c	and let		APPROXIMATE INTERVA BETWEEN ONSET AND DE
fice ohy nov ent		PART I. DEATH WAS CAUSI	TE CAUSE (0) mlele	Male various		
that the l by the cose rem ol, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQ	UENCE OF		
signed hen ple to burro jury, o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
	2					
low re is been ermit. I e prior	ICAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The law recion. In has been sit permit. I giene prior than the	RTIFICAT				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
obysicion. obysicion. ficote has been -tronsit permit. I Hygiene prior.	L CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	21c HOW INJURY OCCUP	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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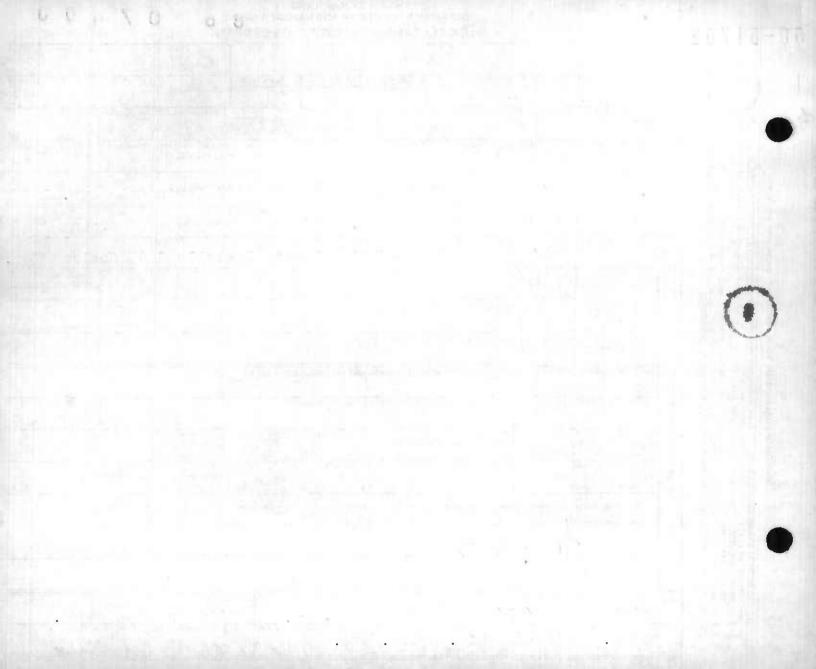




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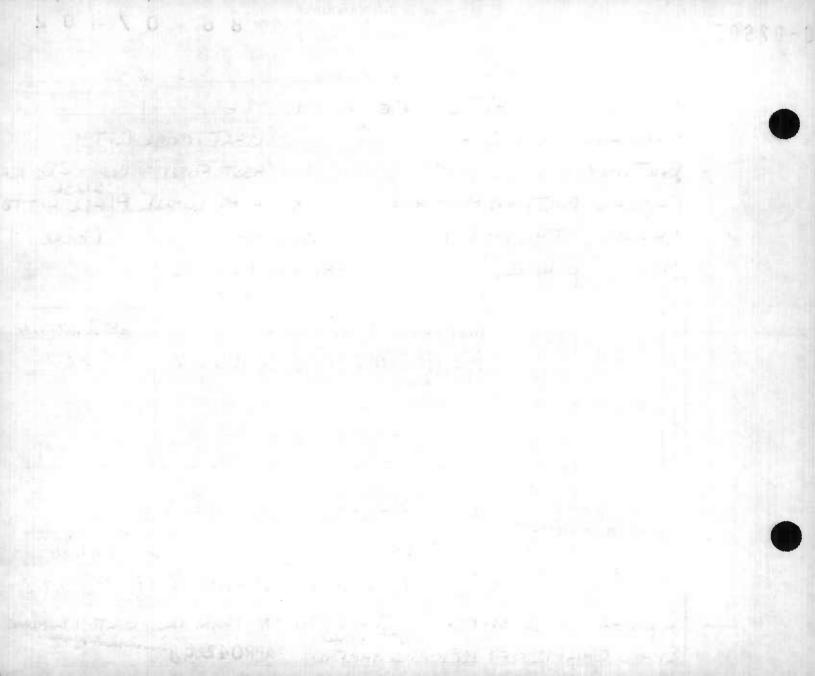
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4 04	3.56	4	RACE	5 DATE OF BIRTHMONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2 ope	C	IALS	STIKW	Mer. 22, 1919	bb YRS	DATE HOURS MIN.
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5 - by	B	Wimore!	VAMC BALTIMORE	E, MARYLAND 21218	ASST FOREMA	
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	230 E	SPECIFY)	236 DATE / 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84	1	INERAL DIRECTOR	ADDRESS	8800 ROAD 250 DA	APRO4 1986	TRAR'S SIGNATURE TO A STATE OF THE STATE OF
(VRA 15, 4)	2	VANS CHAPE	OFIISMOR	LIES HARFORD	WLUA BOA	



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IENE 3

250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

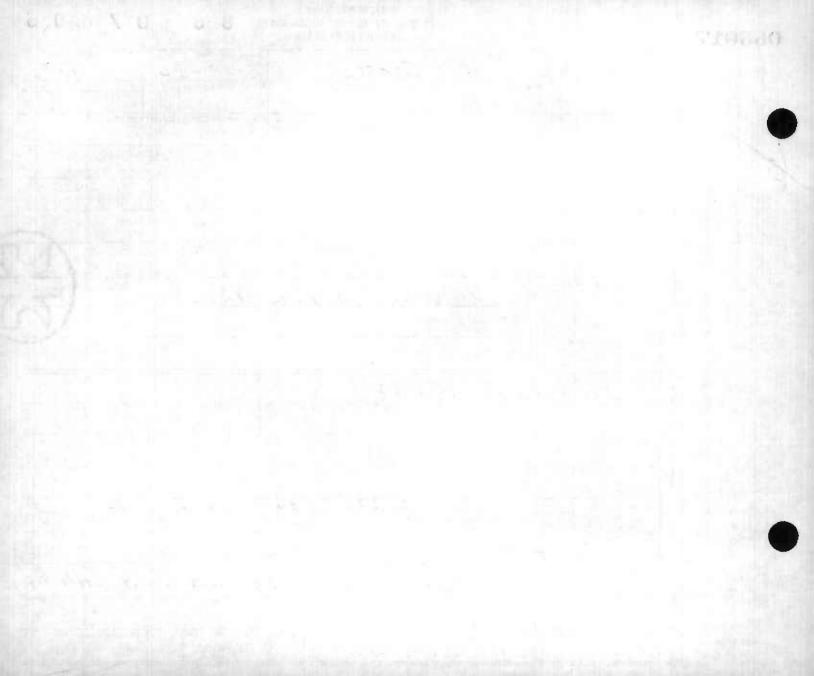
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		REGISTRAR			CERTIF	CATEOF	DEATH	REG. NO).			
		EASED NAME FIRST	MIDDLE		L	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR	_
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	3. SEX		4 RACE		S. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRT	HDAYI	IF UNDER I YEAR	IF UNDER 24 HR	S
				51.12	MONTH	DAY	YE AR			AONINS DATS	HOURS MIN	d.
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-		TY OR TOWN OF DEATH	11. NAME OF HOSPIT			R OTHER IN	STITUTION	12a USUAL OCCUPATION		126 HINDIG	BUSINESS C	R
1	R	BaLTIMORE	Provider	nt Hos	pital			Maintenance				,
C	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		SIDENCE BEFORE A		124 INISIDE	CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE	1812 Mu	ullin S	t.
2		ryland	The second secon	ltimor		YES X	NO [Baltimore,	Maryl	and 212	217	
	_	THER'S NAME				-	'S MAIDEN NAM	NE .				-
2		Spencer	MIDDLE	Contee			Rosa	MIDDLE		Snell		
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECUR	ITY NO	17 INFORM		120 NODRE				_
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						NOSE I	1. 3000	n Baltimor	e, Ma			_
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line fo	r (a), (b), and	IC f	1	. 01	01		BETWEEN	MATE INTERVAL ONSET AND DEATH	1
		IMMEDIAT	E CAUSE (o)	eTasto	1/4 C	Lau	Cer 87	wion				
			DUE TO, OR AS A	CONSEQUEN	NCE OF		,					
		Conditions, if any, which	(ib)	663 6					50 6			
		gove rise to immediate couse (a), stating the	DUETO ORASA	CONSEQUEN	ICE OF							
		couse (o), storing the underlying cause last										
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIE	BUTING TO DE	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONI	DITION GIVE	EN IN PART 110		=
	O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	MEDICAL CERTIFICATION	190 DATE OF OPERATION		96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20					200 AUTOPSY? 206. IF YES, WERE FINDINGS USED			
7	IFIC			YES 🗆					IN CERTIFY YES	YING CAUSES	OF DEATH?	
H	ERT	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY		21c HOW I	NJURY OCCURRE	YES NO			140	_
4	1	OR CONTRIBUTING CAUSE OF DEA		ONTH DAY		- 11		1,511,511,111,111,111,111,111,111,111,1				
)ic	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	LIDV	19	211 LOCAT	ION					_
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		AT WORK AT WORK				700	-					
		22a.1 certify that (1) (this hospit			2 - 2		1986	to33	, 1		that (1) (we) la	ist
		sow the deceased alive on obove, (1) (we) (did) (did) (did)	N view the body after a	19. 8 (leath.	, on	d that in (my) (our) opinion di	eath occurred on the do	te and hour	ond from the	couses stated	
٩		226 SIGNATURE	1 111			DEGREE				22c DATE	SIGNED	/
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	7	778 PHYSICIAN'S NAME (TYPE O				22e ADDRE	SS		1	0	11	_
		Roginald	O. C'RL	15487	1	1233	E- M	ONUMENT	STre	et se	10 212	05
	23p BI	URIAL, CREMATION, REMOVAL	123h DATE		AME OF C	METERYOR	CREMATORY	123d LOCATION				=
		Burial	3/08/198			11 Cen		CITY OR TOWN	Dalti	COUNTY	STATE	
			1 7/00/170	Cou	ar Hi	TI COU	ictery		Darti	more, M	arylan	a

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 4:40 1 W. TERESA 86 COOK 5 DATE OF BIRTH 4 RACE A AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR (FUNDER 24 HRS Feb. 4, 1901 Female White BIRTHPLACE (STATE OF FOREIGN L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MD USA DIVORCED [] WIDOWEDX BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE CIT UNION MEMORIAL HOSPITAL Secretary Chemicals 3. STREET ADDRESS / ZIP CODE Linkwood Road, 21210 13b COUNTY 13c CITY OR TOWN MD Balto. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Maggie Wickham Harvev Oden G. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 215 03 3491 Read A. McCaffrey, Balto. . MD No 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b) and ic PART I. DEATH WAS CAUSED BY MEMONARY EMBOLIST IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 90 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 710 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COHNTY AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a.1 certify that (1) (this haspitally attended the seceased from. for apinion death occurred an the date and have and from the causes stated DEGREE th: DATE SIGNI MO ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHY ICIAN'S NAME THE COMMON 22e ADDRESS LLEWELLYN KITCHIN, M.D. UNION MEMORIAL HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY STATE Balto. . 3/12/86 Green Mount Cremation 250 DATE REC'D. BY REGISTRAR 256 REGISTRAB'S SIGNATURE 24 FUNERAL DIRECTOR

21212

Henry W. Jenkins & Sons Co.

4905 York Road Balto., MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

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4 S Yara Fos Ealto., No 114

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	REGISTRAR	-		REG. NO.								
7	1 DECEASED NAME FIRST MID	DDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR							
	MACILE	CO	ONTS	3/10/8	6 11 13 A							
	3. SEX 4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS							
	Female White	May	L7 1920 YEAR	65 YRS	MONTHS DAYS HOURS MIN,							
1	76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WI	HAT COUNTRY? 8	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH							
7	Belington, W. Va. USA	WIDOWE	D DIVORCED	BALTIMORE CIT	Y MD.							
A	CITY OR TOWN OF DEATH # 111. NAME OF HO	OSPITAL, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWILE	12b. KIND OF BUSINESS OR INDUSTRY							
		MEMORIAL H	OSPITAL	Housewile	Home							
5	JSUAL RESIDENCE (16 NURSING HOME OR OTHER INSTITUTION OF 130 STATE 131 OUNTY Baltimore	Middle River	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS & ZIP CODE	rt 21220							
	FATHER'S NAME FIRST FRED M Booth	LAST	15. MOTHER'S MAIDEN NAM	E Yeager MIDDLE	LAST							
		66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS								
	(YENO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	213 68 0396	Walter L. Coo	nts, Husband	Same							
	18 CAUSE OF DEATH IEnter only one couse per lin	A A			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Ü	IMMEDIATE CAUSE (0)	V = P A S. A. P										
-		AS A CONSEQUENCE OF	1-14 6-									
i	gove rise to immediate	gove rise to immediate										
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost											
	PART 2 OTHER SIGNIES AND CONDITIONS CON	3		NALDISEASE OR CONDITION CIV	(ENLINI BART 1:-							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic Lymphocytic anemia with blast crisis										
7		ON FOR WHICH OPERATION		20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED							
9	= 2/25/86, 3/5/96 bing	infeltrates		YES NO YE	YING CAUSES OF DEATH?							
	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF HOUR A.M.		216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 A	ART OR PART 2)							
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.		MINISTER STATE									
	OR CONTRIBUTING CAUSE OF DEATH OF ETIMER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED (AT HOME. STREE	FINJURY T. FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE							
1	WHILE NOT WHILE AT WORK			2/								
	270.1 certify that (I) this haspital attended the		19 26		19_ that (I) we) last							
	obove, (I) (we) (did) did not view the body of	iei dedili.		eath accurred on the date and hou								
	226 SIGNATURE) mr	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED							
4	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN DIRECTOR PHYSICIAN										
	ZZU. PHI SICIAN S NAME (TYPE ORINNI)		22e ADDRESS									
	ROBERT F. DEVEREA			ORIAL HOSPITA								
	The DATE 3/13/	86 Lambert	Chapel	Belington, W.	Valenty STATE							
1	24 FUNDA Proceeding	whis	250 DATE	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE							
1	Bouzdzinski funeral flome	PA 1407 Old E	Old Eastern Ave AR 1 3 1986 The Davidson Mondales									
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DHMH - 16 60M 7/84 (VRA 15, 4)

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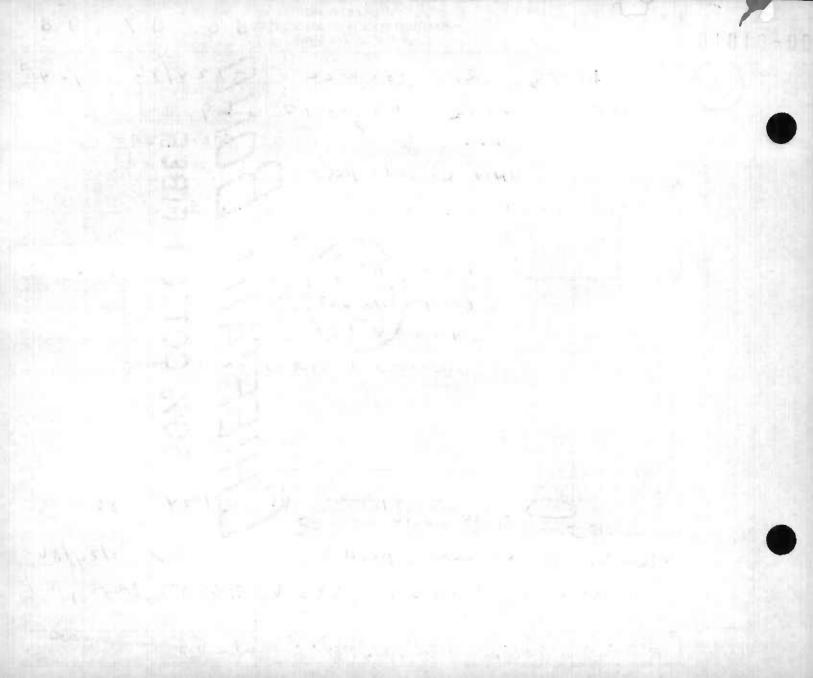
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PARTY THE PERENT PROPERTY AND ADDRESS OF THE PERENTY ADDRE

	1		STATE OF MARYLAND	
00-01816	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
A		CEASED NAME FIRST	JAMES MIDDLE ROBERT LAST CORNELL 20 DATE OF DEATH MONTHS DE VEAR 8 6 26 HOUR	_
i Mic X		JAME		A
6 670	3. SE		T. RACE 5 DATE OF 3 INTH 8 17 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 23 HRS	à
900	1	MACE	WHITE 03 05 17 69 MONTHS DATS HOURS MIN	
a #2 St 6	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
9 6	We	st Virginia	U.S.A. WIDOWED DIVORCED BALTIMORE CITY M	AD.
s ofter	Bo	ITY OR TOWN OF DEATH Iltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) R	
ND 212	130	ONNS UPLANIA	OR OTHER INSTITUTION GIVE RESIDENCE RESORE ADMISSIONS	
WITH THE THE	14 F	THER'S NAME	15. MOTHER'S MAIDEN NAME	-
WAR BOTTO	1	James	Herbert Cornell Roxie Fox	
ORE,	16a \	VAS DECEASED EVER IN U.S. AR	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS .	_
TIMO Be es		NO	Same as # 13	
BAL cote operation rt, th		18 CAUSE OF DEATH (Enter or	only one couse per line for (a), (b), and (c) SED BY. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ST.,			ATE CAUSE (0) CAROLAC ARREST	-
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Po de tie M	CAL	OR CONTRIBUTING CAUSE OF DEA	AAIII	
NG PHYSELA alter the sent on the bursal th and Mental	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 21f LOCATION STREET CITY OF TOWN COUNTY STATE	
DIVID NO PERSON	1	AT WORK NOT WHILE AT WORK		
00 00 00 0			pital attended the deceased from 19 19 10 that (I)	st
14 P P P P P P P P P P P P P P P P P P P	12	abave. (1) (Worker a) (did no	not) view the body aftel death.	
2 2 2 2 2 2		- / O.	DEGREE ATTENDING MEDICAL STAFF 272 DATE SIGNED	
4 4 4 4 4 7	1	22d, PHYSICIAN'S NAME IMP	M.O. PITTENDING MEDICAL STAFF TYPE ADDRESS 1270 ADDRESS	_
Ser		7		/
5 5 5 5 3	23a, F	URIAL, CREMATION, REMOVAL	W. BROWN M.D. 27 S. V. REFINE ST. BALTO, M. D. 1236. DATE 1236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION	
000 BP	B	viial	3/27/86 LaFayette Memorial Brien Hill Pennsylv	ani
DHMH - 16 60M 7/84	24 F	HEBALDINICTOR RUSSO		
(VRA 15, 4)	1	330 Edmondson A	ell C. Witzke Euneral Homes P. A. 250 DATE REC D. BY REGISTRARS SIGNING AVENUE, Catonsville, MD. 27228	



FOR - STATE

STA.E OF MARYLAND		11	107
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6	U	/
CERTIFICATE OF REATH			

00-00709 REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH FIRST YEAR 26 HOUR (TYPE OR PRINT) 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR . BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTR Balto unemployed SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) la STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21216 YES NO tressiman 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO Marce 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ong PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to culain Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 71 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 CITY OF TOWN NOT WHILE 22a I certify that (I) the hospital) attended the deceased from 66 -18 sow the deceased alive on. and that in (my) work opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL 3-18-82 PHYSICIAN DIRECTOR PHYSICIAN LutHERAM HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Y OR TOWN STATE 3/21/86 Garrison Forest Vet. Burial Owings Mills, Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm C March F. H. West 4300 Wabash Ave.

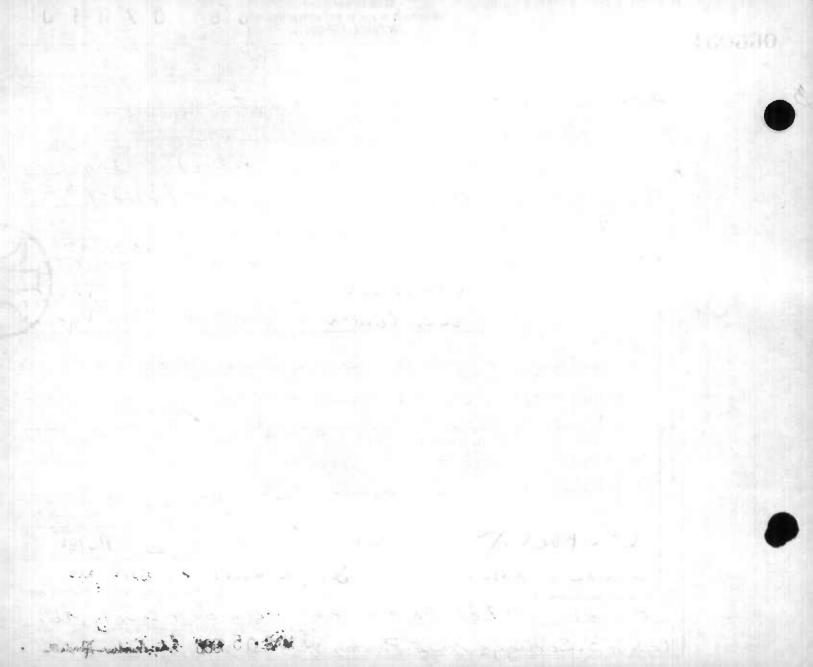
DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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00-	17728	1-	STATE REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEAT	A REG	NO	. 1		
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	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	[4	RACE	S. DATE OF BIRTH	6 AGE		DER TYR. IF UNDER			MONTH	25 19	986 YEAR	2d HOUR
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	25.53.70	N.			U.S	.A.	WIDOW			altimore				MD
	CYTER >	L C	TY OR TOWN O	FDEATH		PITAL, NURSING HO		ER INSTITUTION	120. USUAL	OCCUPATION	TYPE OF WORK	12b. KIND	OF BUS	INESS
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5	29900	U SU A	L RESIDENCE (II	IN NURSING HOME	OR OTHER INSTITUTION, GE	VE RESIDENCE BEFORE ADA	MISSION)	13d. INSIDE CITY LIMITS?	13e STREET					2000
21201	A A PROBLEM		RYLAND	130 000	NII	BALTIMO		YES X NO	2108		OVAT	mmph	OK!	/
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. 0	885	16a V	CRAWFO		RMED FORCES?	COVING		SOPHER 17 INFORMANT	ONIA	ADDR	EC.C			
MI	S AFTER GIVE PA ITH FOI PAGES IVISION	(Y	ES, NO, OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES						1	ROYAL		
BALTIMORE, MD.	S AFTER GIVE PA IITH FOI PAGES IVISION	N	0			1213-26-		FANNIE	HAZEI	COVIN	GTON			
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- A	A SED A	CERTIFICATION	190. DATE OF C	PERATION	196 CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?				70 AUT	TOPSY?	
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Control of	MO TOTAL		death resulted	fram: Not	ural causes X,	Accident .	Suicide	Homicide .		ined monner	7			
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			ACTUAL SIGNATURE	M	1-00	N		D Assistant		LEXAMINER	DATE	3-	26-8	16
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	MEDICAL COURTHE CA SHO FUNERAL FER DEATH FER DEATH	-	EXAMINER'S N.	AME Ani	n M. Dixon	, M.D.		111 I	Penn S	t., Balt	O., M.	ID 21	201	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a Bi	JRIAL, CREMATI		23h DATE	I 22. NAME OF		ADDRESSR CREMATORY	23d. LOCA	TION				
			URIAL	, ILLINOVAL	3-29-86		MEMOR		CITY OR T	NDALLST	01.101	MARY	STAT	E
07/84 25M	BP		INERAL DIRECTO	OR.	2-23-00	ATNO	- MEMOR			GISTRAR 256. RE				,
	DHMH - 17		NAME		ADDRESS	E NOD	T11 011					n-Aand	_	
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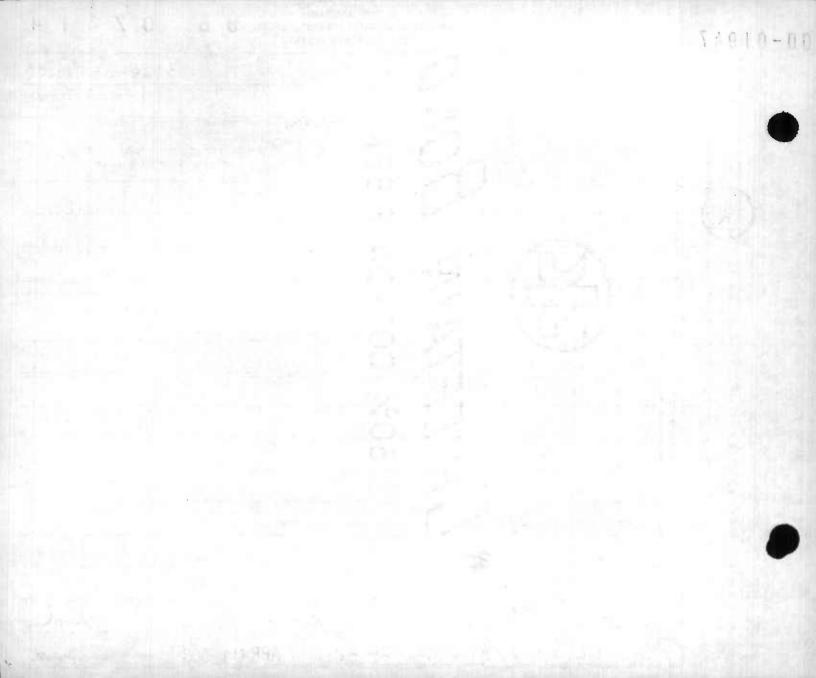
STATE OF MARYLAND

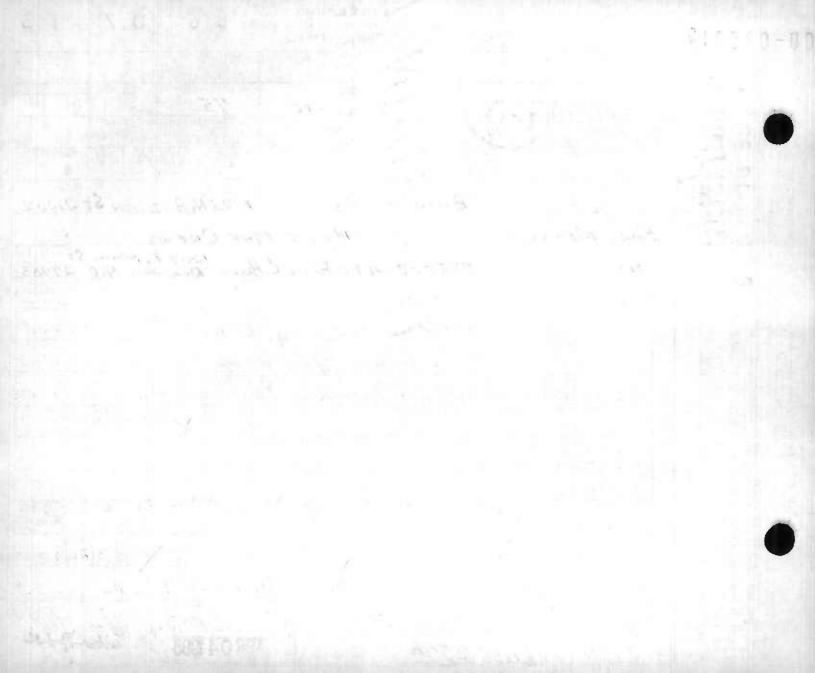
(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECHSTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 7b HOUR (TYPE OF PRINCE) OF ESTI-D3-9-86 DEATH MATED PAUL. JEROME CRAWF ORD SEX 4. RACE 5. DATE OF BIRTH YEAR 2d HOUR AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 8 29 DEAD 56 3-9-86 **B:**05a 19 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED A DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS TO THE OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCHANTS TERMINAL AND 3 TO RETAIN PA Mcnument&Bradford Sts Baltimore USUAL RESIDENCE LIE IN 21205 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE NORTH MONTFORD AVE NO [IA FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST MIDDLE HAROLD CRAWFORD CATHERINE MADISON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21205 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES 228-26-6024 PHILLIS GOODS 617 MONTFORD AVE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF TRANSIT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION DEPARTMENT OF HE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? MEAD! ONLY) YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) SHOULD B HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described CHEAD CNLY Jutapsy X Inspection Inquiry and in my opinion Homicide death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) GE 4 SH. SIGNED 3-9-86 SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME AFTER I A. Korell M. DODRESS 111 Pern Street (TYPE OR PRINT) 0 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPECIFY) BURIAL BALTIMORE MARYLAND 3 - 14 - 86BALTIMORE 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5) 15M 2/80

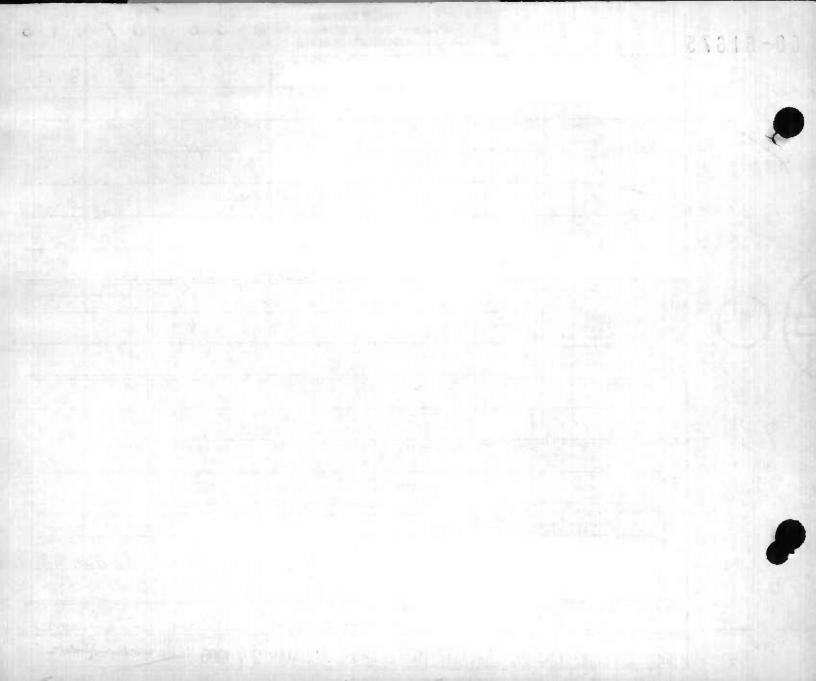




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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	8	ATTENDING PHYSICIAN The low requires that the contract incree be executed within 24 hours are also be a may be	e nospinal or anemaring physician. NISCTOD Affactus for the more consistent but the property of the constraint filled to be the more of the property of the constraint of the	UNEXTICAL ACTION AND THE UNIVERSITY OF THE CONTRACT OF THE CON	Dept. of Health and Mental Hygiene prior to burial, creasing the constitutional.	Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examine must be from the processing the processing of

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	(TYPE	OR PRINT)	E.O.	70	ODO	METER T	CD.	2.20	3.86		18.108).
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1		James	Ε.	Cromw	re11_	E1	izabet			Unk	known	
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		18 CAUSE OF DEATH Enter				0	HI OLO	<u> </u>	1		IMATE INTERVAL ONSET AND DEATH	-
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		underlying cause lost	(0)	Intra	al	bolom	unel	all	2 cecr		Ibe. Tell	
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0	CERTIFICATION	190 DATE OF OPERATION	196 COMPITE	ON FOR WHICH	OPERATIO	N WAS PERFOR	RMED A	20a AUTOPSY?		S, WERE FINDIN		
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a		OR CONTRIBUTING CAUSE OF	110110 4.11		Y YEAR		on occoun	ED TENTER NATURE OF	HAJOKY HATTEM IB	CHAT I OR FART 21		
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	-	AT WORK AT WORK								01		
		220 I certify that (I) (this ha			2.	5.	19 86		23	19 16	that (1) (we) last	ĺ
		saw the deceased alive abave, (l) (we) (did) (did	an 5-2-3 V	for death	, ar	nd that in (my) (aur) apinian d	leath accurred on t	he date and hou	or and from the	couses stated	
	-	226 SIGNATURE	O (deam.	/	DEGREE				22c DATE	SIGNED	
	- 1	Line	ifore !	Jen 7			TENDING V	MEDICAL DIRECTOR PH	STAFF	3/	23/86	
		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	1		22e ADDRESS	HYSICIAN	DIRECTOR	TSICIAN [3/4	23700	
		17000	ASTA	CINIC	14	1100	1 . 1	DETUCK	N PV	4.0.	Q 11 +	
		3 00	10 July	21110	()	11170	W.N	VPIPE		~ ,	101161	
	23a B	URIAL, CREMATION, REMOV			IAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	21210 STATE	
		Burial	3/27/8	6 Lo	oudon	Park Ce	emetery	Baltime	ore		Maryland	d
14	24 FU	INERAL DIRECTOR		ADDRESS	2122	9	250 DATE		RAR 256 REGIS			
	Hu	bbard Funeral	Home. Inc	. 4107 T			MAF	R 2 7 1986	junax	laurdoon-l	more	

DHMH - 16 60M 7/84 (VRA 15, 4)



					STATE OF MARYLAND		
00-02581	Ľ	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HERTIFICATE OF DEATH	REG. N	07417
, m=		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
nay be page 3		Mary	C.		Crook		ar. 29 86 M
Ter p	3. SE	X	4 RACE	5. [DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
is on a		Female	White		4 22 1896	89	YRS.
2 /5 3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
(a) 1917 (a)		Md.	U. S. A.		DOWED DIVORCED	Baltimore	City MD
a a a a	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION 12b. KIND OF BUSINESS OR INDUSTRY
5 3 3		Balto.	3234 Kings		33)	Brushmaker	-Housevife
D 212	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136, COL	OR OTHER INSTITUTION GIVE RE		SSION) 113d. INSIDE CITY LIMITS?		Balto., Md.
N 22		Md.		alto.	YES NO	3234 Kings	lev St. #21229
MARYLAND 21 ed within 24 hou mpletely filled ir find 2 should be examine; must b	14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	VAME	
W P P		Charles		iederick	<u>Hilizab</u>	MIDDLE	Fangmann
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY	NO. 17 INFORMANTS 234	Kings av ADOR	- Balto., Md.
MORE IMORE		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	6-09-434			#21229
ALTI te bi ricior pers.		IL CAUSE OF DEATH (Enter				70K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fico ophys sport novent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	ACIALO	MA OF OVA	~	1 YR
N Sing cert cert cert cert cert cert cert cert		IMMEDIA				`	
STO eath eath on, o		Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE	OF		
PRe d he d motion		gove rise to immediate cause (a), stating the	(0)				
201 W. PRESTON ST., BALTIMORE, state that the death certificate be executed by the ottending physician and please remove carbon papers. Page 1 priol, cremation, or removal.		underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE	OF		
	9.0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIL	BUTING TO DEAT	H BUT NOT RELATED TO THE TE	PMINAL DISEASE OF CON	IDITION GIVEN IN PART 1/2
SDS, reguire squire to be nijury	N N				- OOT TO THE TE	KINI TAL DISEASE ON CONT	DITION SIVEN IN PART IN
Down on y	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L RE to on.	Ĕ					YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. (ffer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows ony injury		21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
Clar Clar Clar Clar Clar Clar Clar Clar		OR CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR		
ONO dung dung dung burio Ment	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJ	JURY	211 LOCATION		
VISION Then the the ond wed ond	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	CTORY, OFFICE, FARM, E	TC) STREET	CITY OR TO	COUNTY STATE
Or		22a. I certify that (I) (this has	ital) attended the dece	ensed from	2/7 10 8	1 . 3/2	9 19 10 6 , that (I) (we) lost
TEN		sow the deceased alive o obove, (I) (Ne) (3id) (3id)	- /		, and that in (my) (osc) opinio	on death accurred an the de	ate and haur and from the causes stated
RECI red f pt. c		27h SIGNATURE	ot) view the Body ofter o	deoth.	DEGREE		22c. DATE SIGNED
toched toched	150	11141	014- 410			MEDICAL STAI	
HOSPITAL ned by th FUNERAL I'ld be den the Store		22d. PHYSICIAN'S NAME (TYPE	als, mo		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN [] 1/2/06
TO HOSPITA etoined by a should be de with the Stort		WALTER	J. AUT,	MA		DELL ROB	ALTIMORE, MD 21229
To Teto.	220 5						,, -
D.D.	230. t	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY
BP	24 61	Burial UNERAL DIRECTOR	Apr. 3, 198	6 New	Cathedral Cem.	Balto.	Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	G	NAM RUCKSW	Schuss	6 ADDRESS R	Cathedral Cem. 12 FRed Allso D	APRO4 1086	Lulia Davida Randa R

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		OR PRINT)	FIRST		WIDDLE		.A31		20 DATE OF DEATE	MONTH	DAT TEAK	26 HOUR
1	1111	ON PRINTIP	Louis	se		Cre	osby		Mar	ch	5 1986	10:20 R.
	3. SEX	(4 RACE		S. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	119	Fe	male		Black	MONTH	12	1902		83 YRS	MONTHS DAYS	HOURS MIN.
-		RTHPLACE TSTATE OF		76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CIT			
H		aryland	361 - 53	U.S.	71	WIDOWE		DIVORCED	Baltimon	co Citi	7	AAD
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Ç.					CH FACILITY, GIVE STREET		n:+-7		(TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INDUSTRY	
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Z		STATE	136 COUP		13c. CITY OR TOW	N	13d INSIDE	CITY LIMITS?	13e STREET ADDRES	SS / ZIP CO	DE 2 12	17
ú		Maryland	<u></u>		Baltimo	re	YES 😿	NO [.1802 Pen.	nsylva	nia Ave.	4.1
	14 FA	THER'S NAME		M-IDDI E	LAST		15 MOTHE	R'S MAIDEN NA	WE		LAS	57
3		· incor					9	Sedonia	711000		Cas	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	AD	DRESS		
H	-	res, no or unknown) Vo	(IF YES GIV	E WAR OR DATES)	212-38-	2123	Beati	rice Bri	dgeforth 1	.010 pa	ark Vall	ey Rd
1		18 CAUSE OF DEAT	TH (Enter on	v one couse ne	r line for (a) (b) one	1 ic					APPROX	MATE INTERVAL ONSET AND DEATH
-11		PART I. DEATH V	WASCALISE	D BY-			DTAC 7	DDUNN	77			ONSE! AND DEATH
1		IMMEDIATE CAUSE (0) SHOCK AND CARDIAC ARRHY THMIA										
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) SEPSIS AND GASTROINTESTINAL HEMORRHAGE AND									-	
		gave rise to immediate					STROIT	VTESTINA	L HEMORRHA	GE_ANI	D	
110		couse (o), stoti	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	ACUTI	E RENAL	FAILURE			
		underlying coust	e lost.	(c)_								
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4	O	Hyperka.	lemia;	Metabo	olic acido	sis;	Thton	bocytope	enia			
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	IFI								YES TI NO		TIFYING CAUSES YES 🗀	NO T
	CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING	216. TIME C	OF INJURY		121c HOW	INJURY OCCUR	RED (ENTER NATURE OF			
3		OR CONTRIBUTING		TH.	M. MONTH DA							
	MEDICAL	216 INJURY OCCUR			.M. OF INJURY	19	21f LOCA	TION				
	MEC	WHILE NOT W			REET, FACTORY, OFFICE, F.	ARM, ETC)		REET	CITYO	RTOWN	COUNTY	STATE
		AT WORK AT WO	ORK									
		220 I certify that (I		8.7 1	_				toMarc			
		sow the deceos above, (X (we))	sed olive on (did) (d id): (0	March Ti view the body		36—. 01	nd that in 13	X (our) opinion	deoth occurred on th	e date and he	our and from the	couses stated
		774. SIGNATURE	1 6		,		DEGREE				22c DATE	SIGNED
		(Mr.	WIL	>/01	well .	1	nD	ATTENDING PHYSICIAN		SICIAN	3/-	7/8/
		224 PHYSICIANS N	AME (TIME!)	amen C	1	-	22e ADDF				/_/	7 4 6
		Y.T.	Hwang	MD	(/		0/0	. Manua 7	7 0			
		1.1.1	iwally,	PI.D.	V		0/0	Marylar	d General	Hospi	tal	

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for with the State Dept of

24 FUNERAL DIRECTOR

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

Bailey-Douglass Funeral Home 1348 N. Calhoun St.

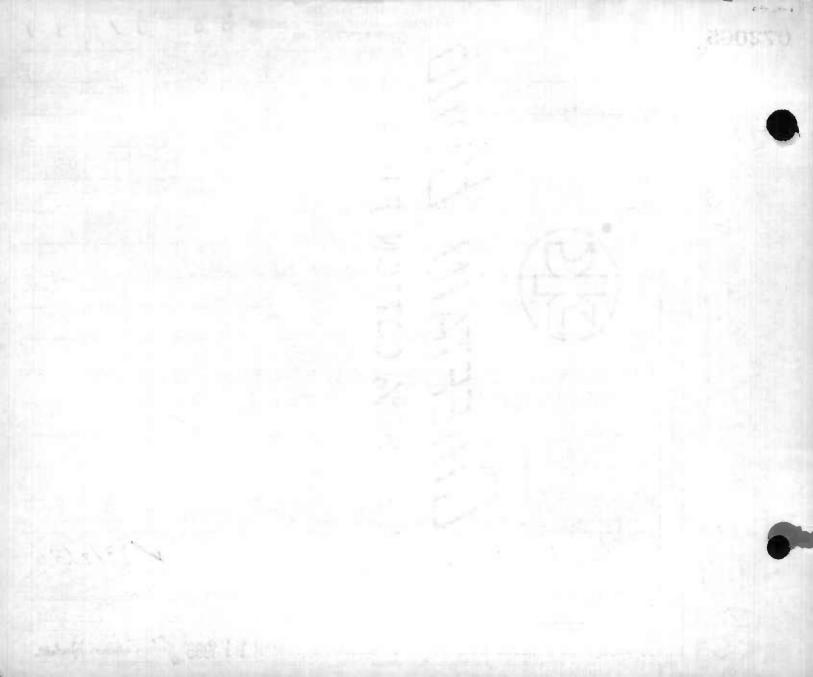
3-12-86

23b. DATE

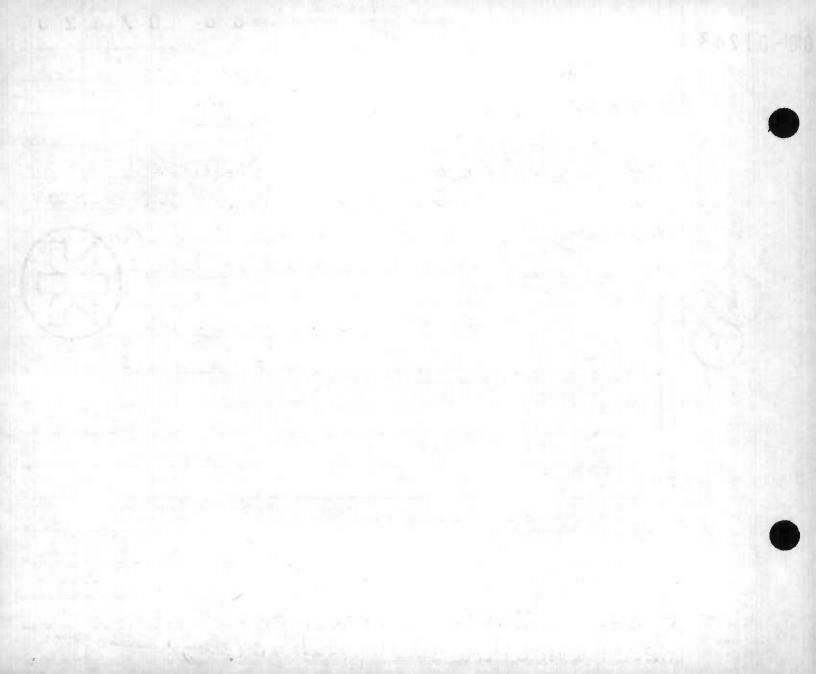
Burial

Baltimore Mount Auburn Cemetery

Maryland



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	TYGIENE 8 6 0 7 4 2 0
7 4 STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
I. DECEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
CHARL 3 SEX	IF CULP	MARCH 12, 1986 5:00
3 SEX	4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI
MALE	BLACK DZ 23 40	7 44 YRS. MONTHS DATS HOURS MI
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
5.C.	U. S. A. WIDOWED DIVORCED	
D LIO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS (
13ALTO.	Church HOSP.	CARPENTER
130 STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION] INTY 136. CITY OR TOWN 138 INSIDE CITY LIMITS	? 13e.STREET ADDRESS / ZIP.CODE(
ma.	BALTO, YES BY NO [1623 E. 32Nd Sr 21218
14 FATHER'S NAME	MIDDLE LAST TIS MOTHER'S MAIDEN	NAME MIDDLE LAST
DED ALPHONSO	CULP MAGE	I'E MASSEY
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS 2, 2
NO	244-66-6355 SANGRA	CULP 1623 E. 32 nd. S
18 CAUSE OF DEATH (Enter of	only one couse per line for (0), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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	DUE TO, OR AS A CONSEQUENCE OF	
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BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AMERICAN CAN 13e STREET ADDRESS / ZIP CODE 1714 NORTH BROADWAY 21213 MIDDLE JONES ADDRESS DELORES BOWMAN 1401 N. LUZERNE AVE. 4 MONTHS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN and that in (my (our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 1000 E. EAGER STREET BURTAL BALTIMORE BALTIMORE MARYLAND 3/21/86 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE mydron Randall WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH

REG. NO

MONIH

26. HOUR

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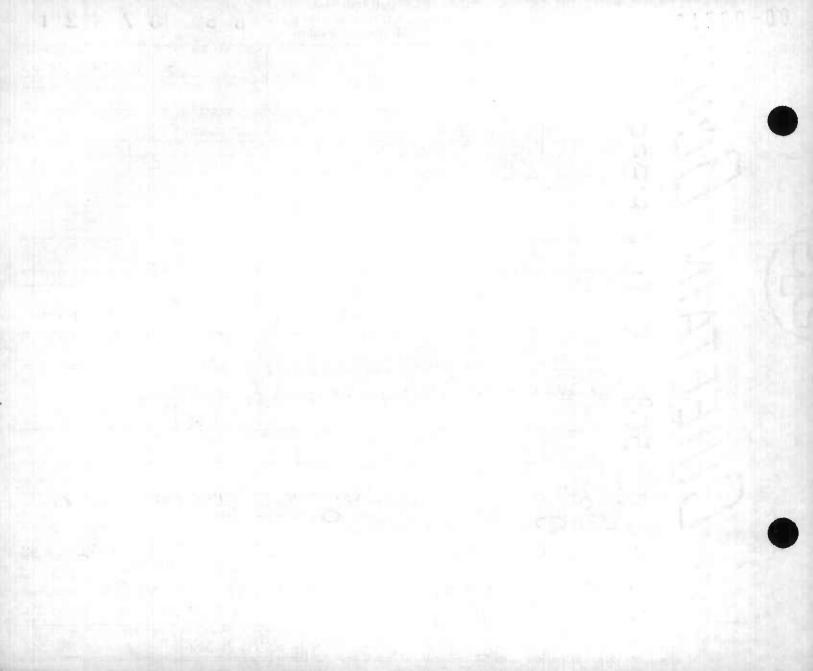
20. DATE OF DEATH

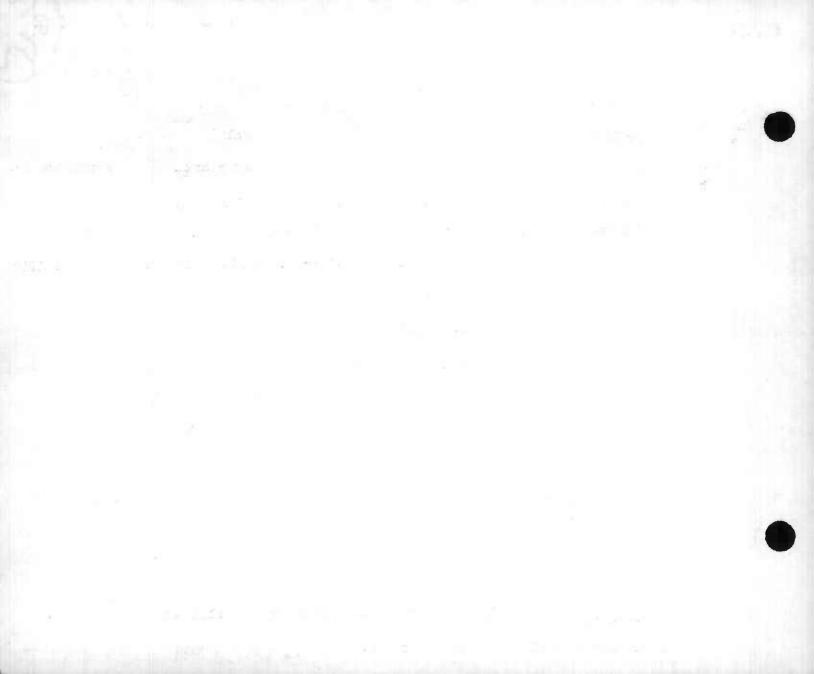
DHMH - 16 60M 7/B4 (VRA 15, 4)

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RECETRAR

DECEASED NAME





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OR AT or hosp DIRECT oched fr Dept o	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
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	23a BURIAL, CREMATION, REMOVA (SPECIFY)		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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(VRA 15, 4)	Brown/Thompson		eto. St. MA	R 1 1 1006 Freshie	· Bevidson Randelle
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FOR

REGISTRAR DECEASED NAME

Richard

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(TYPE OR PRINT)

3. SEX

MALL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AMP MENTAL HYGIENE CERTIFICATE OF DEATH

> 5. DATE OF BIRTH MONTH

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ALTIMORE CIT	y				MD.
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		L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
I	Baltimore	USA		WIDOWE		EALTIMORE CITY	/		A
		11. NAME OF I		DORESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF Laborer		126 KIND OI INDUSTRY	F BUSINESS O
	AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	3507 Luc	ZIP CODE	Z/	25
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	VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUR		17 INFORMANT	ADDRE	SS		
()	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217-569	3/7	Angeline C	hiles 35	07 Luc	cille	Ave
CALION	I8 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OILC)	RAS A CONSEQUEI HUATORENAL SY RAS A CONSEQUEI ALLOHOLIC CIRRH ONTRIBUTING TO D	NCE OF INDROME NCE OF INSTER		INAL DISEASE OR CONI	20b. IF YES, V	BETWEEN	IGS USED
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	22a I certify that (I) (this hospit sow the deceased alive on abave, (1) (we) (did) (did nat	MARCH 15	19 86	-	nd that in (my) (aur) apinian (ta MARCH 15 death occurred an the do			that (I) (we) la causes stated
	776. SIGNATURE				DEGREE		3715-	22c. DATE	SIGNED
	Story L. Ballus, M.C).			ATTENDING PHYSICIAN F	MEDICAL STAF		03/15/	186

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 236. DATE

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

STEVEN L. BALLAS

24 FUNERAL DIRECTOR

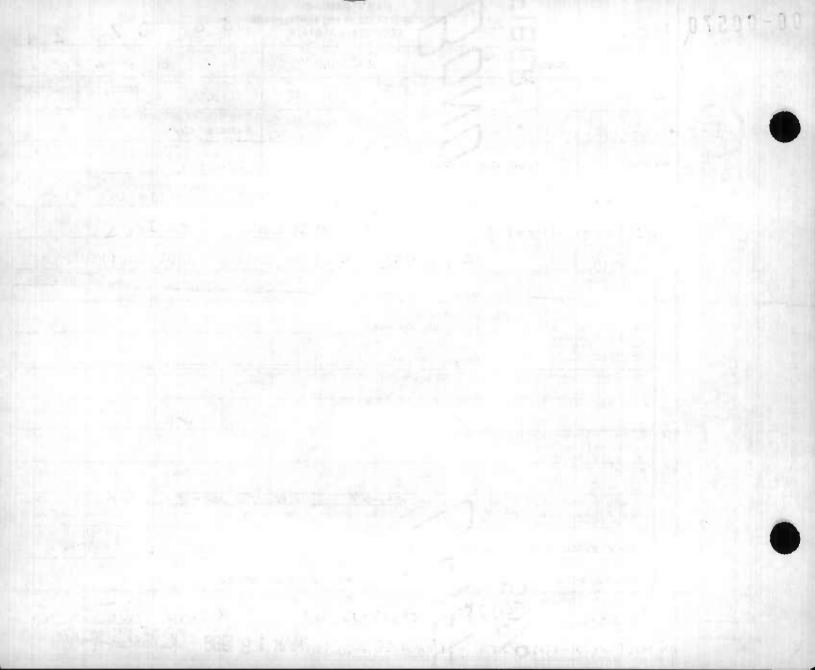
23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

SINAI HOSPITAL OF BALTIMORE

23d LOCATION

756. DATE REC'D, BY REGISTRA 1756. REGISTRAR'S SIGNATURE HAT MAN - HARRED F.H 1701 MCCULLONS MAR 18



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poge 3	(TYPE	CEASED NAME PIRST PRINT	ta Cunni	-	ast		20 DATE OF DEATH	3 4	186	26 HOUR 908 PM
ge 4 mo	3. SE	Female	Black	S. DATE C	OF BIRTH	00	6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	HOURS MIN.
nerol dir			76. CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER	MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MD
s ofter de by the fur ded within		altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET POVICIENT	IG HOME C			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON A			BUSINESS OR
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by the ho by the ho LERAL DIRE obedetoched State Dept		122 SIGNIATURE	Frantin	1		ATTENDING PHYSICIAN	MEDICAL STA		3/4/	IGNED 186
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DHMH - 16 60M 7/84

March Funeral Homes 1101 East North Avenue (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL

24 FUNERAL DIRECTOR

23b. DATE

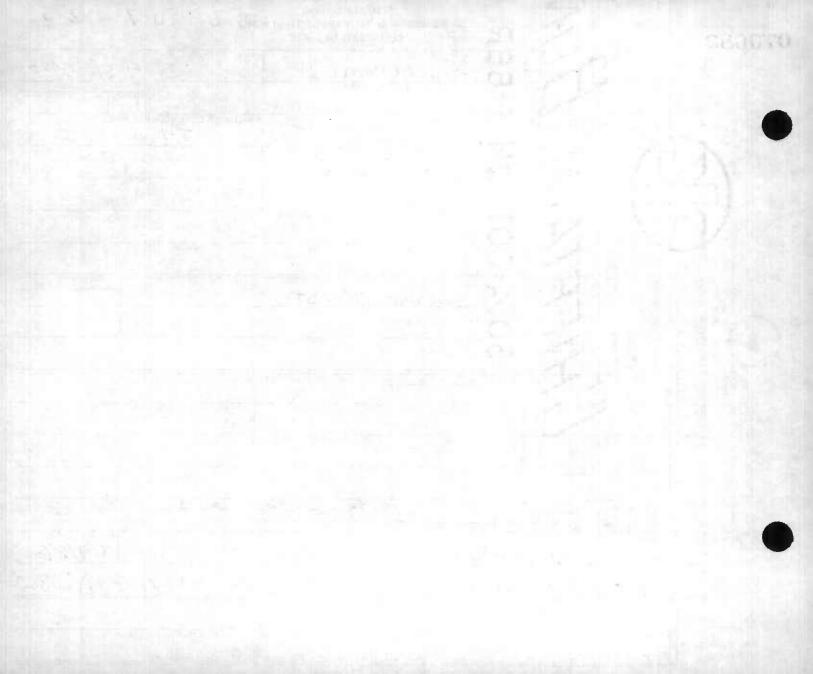
3/10/86

Arbutus Memorial Pk.

236 LOCATION
CITY OF TOWN
Arbutus,

Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



					STAT	EOF MARYLAND		~ ~		
-01829	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6	0 /	121	
-		CEASED NAME F	IRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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(c)	1. 5E	× 00	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HHDAY) IF UNE	DER I YEAR	IF UNDER 24 HRS
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004 9						31111				
1	23a.	BURIAL, CREMATION, REA		Company of the Compan		EMETERY OR CREMATORY	23d LOCATION	COU	INTY	STATE
00/00		Burial	April	2, 86 Wo	odlawr	Cemetery	Woodlawn	Baltimo		MD.
6 50M 4/83	24. F	UNERAL DIRECTOR LOS	ring Byers	Funeral.	Direct	ors, Inc. 25a. D	ATE REC'D. BY REGISTRAR	1 10 200		
RA 15, 4)		28 Liberty 1					AR 3 1 1986	Julia David	BOY-1	arde.M.

, ti i e .f.E.V printer in interest - .tem | Legisland Telegraphic contract the second of the secon ALCONATO ALCONATO ACT THE BEACH STOCKED AND ACT OF THE ACT OF

Suefered Procified the Section 10 -15-

PELS EL SE LA SE L

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15. 4)

BURIAL

24 FUNERAL DIRECTOR

BP

WM.C.MARCH F/H INC. 1101 F. NORTH

4-28-86

CHURCH

CEMETERY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNATURA

CITY OF LOWN

LAMAR

7b. HOUR

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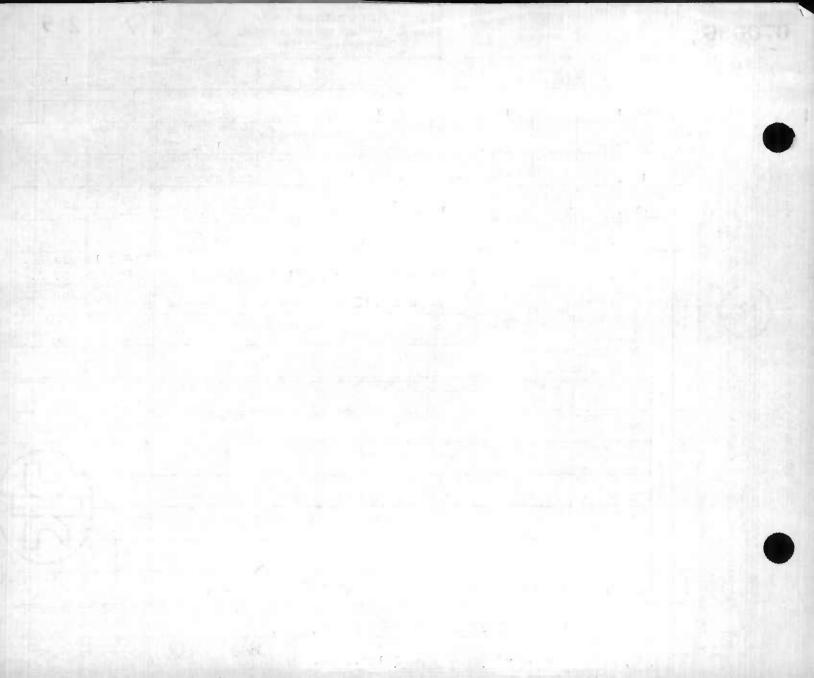
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STATE

S. CATE

IF UNDER 24 HRS

070086	1.	FOR STATE REGISTRAR			DEF	PARTMEN	T OF H	OF MARYLEALTH AND	MENTAL HY	GIEND O	0	7 4	2 9
		CEASED NAME	FIRST	T VILL	MIDDLE		Į.	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
oy be oge 3 death	1111		ANNETI	E			DAN	IDRIDGE	ΞΞ		3	3 86	10:15 P
a de	3. SE	Х	4.	RACE		5. 1		F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	1	Female		Black		150	1.0	22 DAY	90	95	YRS	MONTHS DATS	HOURS MIN.
a 11 0-	7a B	IRTHPLACE (STATE OR FO	REIGN 7b	CITIZEN OF	WHAT COUN	NTRY? 8				9 BALTIMORE CITY			
the orth	1	irginia		U.S.			AARRIE[MARRIED	Balto.	City		AAD
offer d	-	ITY OR TOWN OF DEAT	н 11		H FACILITY, GIVE	URSING H	OME O	R OTHER INS		120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING	LIFE) 12b. KIND (OF BUSINESS OR
120	USU	AL RESIDENCE (IF NURSIN	IG HOME OR OT		Drive GIVE RESIDENCE			Home		Seamstres	S		
BALTIMORE, MARYLAND 2120 The executed within 24 hours ond completely filled the oges f and 2 should be the the medical examiner mut.	130.	Md.	3b COUNTY		Balto	RTOWN		YES 🔀	NO [13e STREET ADDRESS		St. 212	17
ARYI with pletel	14. F/	ATHER'S NAME	MID	DLE	LAS	St		15 MOTHER	'S MAIDEN NA	WE		LA	ST
MA GE CO		Woodford Da				1		Louin		Anderso			
executor ond conditions on the conditions of the conditions on the conditions of the conditions on the conditions of the conditions on the conditions of the conditions on the		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME		166 SOCIAL	L SECURITY	NO.	17 INFORM	ANT	ADD	RESS 5.	l6 Colum	bia Rd
MIT.		Unkn.			216-6	68-50	65	Ms.	Mildre	d Edwards	Wash	nington,	D. C.NW
PRESTON ST., BA		Conditions, if ony,	MMEDIATE C	DUE TO, OI	R AS A CONS	CUTE	OF	I .				BETWEEN	(MATE INTERVAL ONSET AND DEATH
> to the	z	cause 10), stoting underlying couse PART 2 OTHER SIGNII	lost	(c)	NTRIBUTING			NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	o,
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low require the office the signer of the burial-trons it permit. Then plan the ond Mental Hygiene prior to burial orked or them 18 shows any injury, or	CERTIFICATION	19a DATE OF OPERATION		196 CONDI	TION FOR W	VHICH OPE	RATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII	NGS USED S OF DEATH?
PHYSICIAN: TI PHYSICIAN: TI ending physici this certificate the burial-transit d Mental Hygi d or Irem 18 sh		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	HOUR A.	M. MONTH	H DAY	YEAR	21c. HOW IN	1)URY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM TE	PART 1 OR PART 2)	
tVISION GET THIS of the burn ond Merked or 1	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE (OF INJURY EET, FACTORY, O	OFFICE, FARM, E	etc.)	21f LOCATION STREET	ON	CITY OR I	lown	COUNTY	STATE
TENDIN or use of or use of st Health		220.1 certify that (1) (t saw the decreased above, (1) (w) (dia					, one	that in (my)		, to death occurred on the			that (I) (we) lost
AL OR AL the hosp AL DIREC detoched to obte Dept. of II. If Item.		22b. SIGNATURE	d) (did not) vi	ew the body	olter death			EGREE	ATTENDING PHYSICIAN S		AFF	22t. DATE	
O HOSPITAL etoined by the TO FUNERAL should be det with the Store		ARTINE 1	1. LEB		9			22e ADDRES	55	- 2145			
F F W > 5	23a B	URIAL, CREMATION, RE	MOVAL	3b. DATE	WE TH	23¢ NAME	OF CE	METERY OR	CREMATORY	23d. LOCATION CITY OF TOWN		40000	
BP		Burial		3/4/	86	Arli	ngto	n Nat	. Cem.	Arlin	gton	COUNTY	Va.
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME C. March	F/H 11	.C1 E.	North	ORFSS			250. DAT	NAR BY REGISTRA	R 25b. REGIS	STRAR'S SIGNAT	URE, Jane



									ARYLAND							
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] [] - []	1002	1	REGISTRAR		WEL	ICAL	EXAMIN	ER'S C	ERTIFICATE C	OF DEAT	Ħ	REG. NO.				
	10		CEASED NAME	FIRST		WIDDLE			LAST	20	DATE KN	IX NWO	HTMOM	DAY	YEAR	26 HOUR
-	W.1.20.5	(IVI	LMER	Willi	-			-			OF E	STI-		0.4		
	FILES.	3 SEX		MTTTT	S. DATE OF BIRTH		ACE (b) VE		aniels,			AIEU 🔲	3 MONTH	24 1	986	M
	SEC	-			MONTH DAY	YEAR	6. AGE (IN YE.				. DATE	D	MONTH	DAT	TEAR	2d HOUR
	ON 200 PR	V	1	В	2 18	14.	72 YF	s.			DEAD		3	24 1	86	8:30P
	SSA	7a. B	RTHPLACE (STATE	OR	76 CITIZEN OF WH	AT COUN	TRY?	8	ED NEVER MARR	IED 7	BALTIMOR	RECITY OF	COUNT	TY OF DE	ATH	
	SASE &	N.	C.		U.S.A			WIDOW		187	Baltim	ovo C	74 +++			
	ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS 56, 201 W. PRESTON STREET.		ITY OR TOWN OF	DEATH	11. NAME OF HOSE		RSING HOME				I OCCUPAT			12b KIN	D OF BUS	MD.
	PESESTION AND THE STATE OF THE				(IF NOT IN SUCH FAC	HITY, GIVES	TREET ADDRESS)			FOR MO	ST OF WORKING	G LIFE)	OF WORK	ORI	INDUSTR	Y
	JS BE POLL	-	Baltimor		North C				Hospital	N/	a	7.031				
5	AN A	13a. S	AL RESIDENCE (IF I	113b COUN	OR OTHER INSTITUTION, GIV	ERESIDENCE	OR TOWN	(NC	13d. INSIDE CITY LIMITS?	III. STREE	TADDRESS					
21201	AND	MZ	ARYLAND			BA	LTIMO	RE	YES NO	615	BENN	INGH	IAUS	RD	. 21	1212
MD.		14. F/	ATHER'S NAME						15 MOTHER'S MAID	FNNAME						
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Ö	20 × × 6 -		the same	(FO 1) (1) C 4 2		1.0. 000	THE SECURITY	1110	LATHENO	005		1000000	AJ	LSTO	DN	
Ž.	FTER DEATH. I F PAGES 1, 2, FORM PM 3. SES 1 AND 2 S ION OFWITAL	100. 1	VAS DECEASED E	(IF YES, GIVE	WAR OR DATES)	1	IAL SECURIT					ADDRESS				
BALTIMORE,	RS AFTER GIVE PA WITH FOR DIVISION	,	ES			228	-60-9	519	FLORINE	JAM	ES 61	.5 BE	CNNT	NGHA	AUS	RD.
	MILES DIA		18 CAUSE OF D	EATH (Enter on	ly ane couse per line	or (o), (b)	, and (c).)							APP	ROXIMATE	INTERVAL
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-	E SE		gove rise	ta immediate	(b)										Ar pri	
3	A Z O		lying cause I	ting the under-	DUE TO, OR	AS A CON	ISEQUENCE (OF.								
50	ENSE NO		lying coose i	031.	(c)											
DS.	EXEC NG" BUNG" WATI		PART 2 DTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	INAL DISEASI	DR CONDITION GIVEN IN PA	IRT 1 (a)						
DIVISION OF VITAL RECORDS.	D BE EXECTED BY WEDICAL AS A BU CREMAT	Z														
NA STATE OF THE ST	- CANAREN	CERTIFICATION	19a DATE OF OF	FRATION	Ties CONDIT	ON FOR	WHICH OPER	ATION W	AS PERFORMED?					Tee	IT O D C I I O	
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- X	\$82552	I E													s 🗆	NO X
9	アニエロザウ		21a EXTERNAL C	_	21b. TIME OF		DAY YEAR	21c HC	OW INJURY OCCURRE	ED (ENTERNA	TURE OF INJURY	IN ITEM 18 PA	ART I OR PA	RT 2)		
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ISIC	ING THE WOR ING THE WOR ID TO THE CH ISHOULD BE LE PRIOR TO BUR PRIOR TO BUR	MEDICAL	21d INJURY OCC	URRED	21e PLACE C		(AT HOME.	21f. LO	CATION							
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	ISEA4-		AT WORK A	T WORK												
	A PERS		220 I certify th	not I taak charg	e of the remains desc	ribed abo	ve, held on	Autap	sy , Inspectio	n X	Inquiry	, ond	in my op	pinion		
	NA PLAN		death resulted f	rom: Natur	ral causes	Accident	Sui Sui	cide	. Homicide		mined monn	er .				
	EXAMI CERTIFI ULD BE DIRECT WARYLY		100		1	/			TITLE (SPECIFY)							
	© 0 2 2 5 × 8		ACTUAL	- 1	7	/			D Assistan	+			DATE	2	25/8	06
	SHA SHA		SIGNATURE		1			M	D Wastarall	MEDIC	AL EXAMIN	ER	SIGNE	D 3/	23/0	00
	SE AND SE		EXAMINER'S NA	ME Cx	ogowa D	7-1-56	man M	-		111 n	Ct	_	2-71-	- 110		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	GI	regory R.			_			enn St	• E	saitc	o.MD.		
	大型ダ大女型	23a.B	URIAL, CREMATIO	N, REMOVAL 2	3b DATE	23€ ト	AME OF CEA	AETERY O	R CREMATORY	23d LOC	ATION		COUN	NTY	STA	16
07/84	BP		BURIAL		3-31-86	G	ARRIS	ON F	OREST		ING M	TTTC		MARY		
25M		24 F	UNERAL DIRECTO						25a. DATE	REC'D. BY R	EGISTRAR	25b REGIS				
	DHMH - 17 (VR A15 ME (5))	WM	.C. MARC	H F/H	INC. 11	01 E	NORT	HAV	E MAD			War Do	assida-	~ 200	de BP	
	(AL MIS IME (S))			/ **		- 1	-1101/1	-1 -7 V	- MAR	6.	986	1000	50 (40,00)		1	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1.	STATE REGISTRAR				CERTIF	ICATE OF D	EATH	R	EG. NO.			
1		OR PRINT)	FIRST	٨	MIDDLE		AST .		2a. DATE OF DE	ATH MONTH	OAY	YEAR	26 HOUR
	(ITPE	ORPRINT)	Ve	eda I	L. Dar	by		No.	March	10, 1	986		10:06Am
	3 SEX	(4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHOAY)	MONTH	DER I YEAR	IF UNDER 24 HRS
1		Female		White		Fe		1909	77		RS		HOURS MIN.
40		RTHPLACE (STATE OR	FOREIGN	b CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER M	ARRIED -	9 BALTIMORE	CITY OR COL	JNTY OF D	DEATH	
7		0klahoma		USA	A	WIDOWE	37	ORCED	Balt	imore	City		MD.
2	10 CI	TY OR TOWN OF DE			HOSPITAL, NURS	ET ADORESS)		ITUTION	12a USUAL OCC (TYPE OF WORK FOR		ING LIFE) IN	DUSTRY	F BUSINESS OR
-		Baltimore			Sinai H		<u> </u>		Nurse			ursi	ng
6		AL RESIDENCE (IF NUR STATE Md	13b COUN		136 CITY OR TO	WN	13d INSIDE CI	TY LIMITS?	13e.STREET ADD 4400	RESS / ZIP (Buchan		renue	21211
	14 FA	THER'S NAME					15 MOTHER'S	MAIDEN NA	ME				
)	Arthur Je		AIDDLE	LAST			Ev		DDLE		tAS	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMAT	VT		ADDRESS	3.42		
1		No	(IF TES, OIVE	WAR OR DATES!	232 18	9514	Mildr	ed Ade	lhardt	sa	me		
		18 CAUSE OF DEAT	H (Enter onl)	y one couse per	line for 101, (b), o	and ic A			4	TIE!		BETWEEN	MATE INTERVAL
		PART I. DEATH V	MAS CAUSED	CAUSE to	MENTEN	- The	Majo	avi	Ma		-	5 4	eavis
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQ	0.4	/ -	4	1.1	10-	m 1%	L	
		Conditions, if any	, which	(1b)C	ou ges	ive	hear	The	elure	ASC	VP	6	455
		gove rise to im-		DUETO	R AS A CONSEO	HENCE OF							
		underlying couse		(c)	AS A CONSEC	OENCE OF				-			
		PART 2 OTHER SIG	NIFICANTO	ONDATION	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	CONDITION	GIVEN IN	PART 1)
	ō		die	elete	0 -						6	491	75
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	20a AUTOPS		FYES, WE		GS USED OF DEATH?
6	TIE.	5 22.							YES N	-6	YES	CAUSES	NO [
1	S. S.	210 ACCIDENT WAS UN	l-ad	216. TIME O		DAY VEAD	21c. HOW IN	URY OCCURE	RED (ENTER NATURE	OF INJURY IN ITE	M TB PART I C	OR PART 2)	
6	AL	OR CONTRIBUTING		111	M. MONTH I	DAT TEAK	1000						
1	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATIO	N		Y OR TOWN		OUNTY	STATE
- [×	WHILE NOT W	HILE D	(AT HOME STR	EET, FACTORY, OFFICE	E, FARM ETC)	SIMEET			TORIOWN		OUNIT	SIAIC
		22a I certify that (I	(this hospite	al) attended the	e deceased from	Vai	18	19 68	, to3	- 10		36	that (I) (we) lost
		saw the deceas	ed alive on_	12.	19	C3 11	•	our) opinion	death accurred or	the date and	d hour and	from the	couses stated
			010 (010 not	view the body	oner death.	,	DEGREE				1:	220 DATE	SIGNED

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health MPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 3/12/86 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

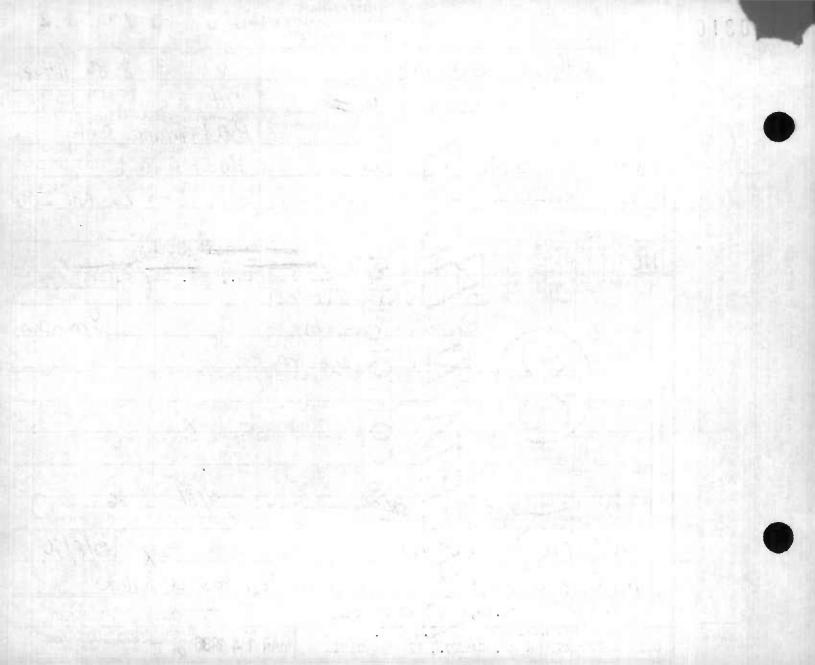
emetery Woodlawn, Balto. Co. Md.

236. DATE RECD BY REGISTRAR 235 REGISTRAR'S SIGNATURE Lorraine Park Cemetery

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, 3631 Falls Road212

3 - WE WE - WE - W.

	1			STATE OF MARYLAND		10 PM 10 PM
0310	1.	FOR STATE	DEPART	MENT OF HEALTH AND MEN	TAL HYGIENES 6	0 / 4 3 2
nO		REGISTRAR		CERTIFICATE OF DEAT	KEG. N	10.
, ms //		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
oge 3 deoth		Khav				3 8 86 11:409,
Her p	3 SE		4 RACE	5. DATE OF BIRTH 8	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
9e 4	1 -	Female	W HITE	6 exx	11 14	YRS.
a 12	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARE	9. BALTIMORE CITY	OR COUNTY OF DEATH
5 4 C		Russia	Russia	WIDOWED DIVOR		more city M
1 1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			
100	+	satimore	Sinai Hos	pital	House	OF WORKING LIFE) INDUSTRY HOME
212 d in l be	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO			#21205,
AND 124	M). 17. KARA	XXXX Bal	TO YES NO	0 3601 fo	IN APT ZOL
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and completely filled in napers. Paget, and 2 should be fill you. nt, the medical explaines, must be	14 FA	THER'S NAME	MIDDLE A LAST	15. MOTHER'S MA		LAST
MA be all and a second		Lazar	Gotshte	111131	he wasser	UNKNOWN
IMORE, ne execut nonded Pages I	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	See William Ba	tistohen.
IMO Pogo	1	(IF YES, GI	213-9	4-1387 BE	TOP SIC	ai Hospital
SALT sicio spers oil.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a	nd (c).) 3601 1	ORDS LA., APT.	206 121 ZALEDXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tr., E		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Despira	Hory arm	123	
ON State	139		DUE TO, OR AS A CONSEQU	JENCE OF		0
deoth deoth otherd over co		Conditions, if any, which	A .	nomatosus		8 months
W. PRESTON ST., of the deoth certifi of the ottending ph se remove carbona cremation, or rem	100	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF +		Marine and the same
on w d by leose iol. cr or oth		underlying cause last.	(a) Colon	Carcinon	na	
S, 2	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 110
or to	CERTIFICATION					
Per Print	ICA	196. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL The cion.	RT				YES NO	YES NO
AN AN House History Trong Trong 18 s	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJI	URY IN ITEM 18 PART I OR PART 2)
SICIA Certification of the management of the man	CA	LIFEITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
PHYS ending this continuate bury and Median dark	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM ETC.) 211. LOCATION STREET	CITY OR T	OWN COUNTY STATE
Mer off the orke		AT WORK AT WORK		2/2	~ /2/	8
NS Paris		22a.1 certify that (1) (this hosp	60 IV	2/20	9 86 to 3/0/	that (I (we) los
R ATTE hospith hed for hed for ept. of tem 21		obove, (1) (we (did) did no	view the body ofter death.	ond that in (my (our	opinion death accurred on the c	late and hour and from the couses stated
0 0 0 0 0		226 SIGNATURE	1 CAVOLA	DEGREE	NDING _ MEDICAL _ STA	22c. DAJE SIGNED
HOSPITAL med by the FUNERAL wide be determined to the State ORTANT: It		Marcia	1 000 14	PHYS	ICIAN DIRECTOR PHYSI	CIAND
HOSPI Brined E FUNE Sould be thinke S		127d. PHYSICIAN'S NAME (TYPE O	OR PRINTY	22e ADDRESS	11-01-0	00.00
TO HOSPIT TO FUNER Should be with the Sit		INAKOIN D	. Wolf	- I SIMA	1 HOLPITON C	r paid
		SURIAL CREMATION REMOVAL BURIAL	MAR. 10, 1986 C	NAME OF CEMETERY OR CREM	BALTIM	COUNTY AND STATE
BP						
DHMH-16 30M 2/80 (VRA 15, 4)		ONERAL DIRECTOR SUL LE	VINSON & BROS.,	INC. D 21215	MAR 1 4 1986	25h REGISTRAP'S SIGNATURE
(****)	1 0	OTO KETO LEKOTON	IN KU. DALIU. M	0 41415	HINDIN I T IOUU /	



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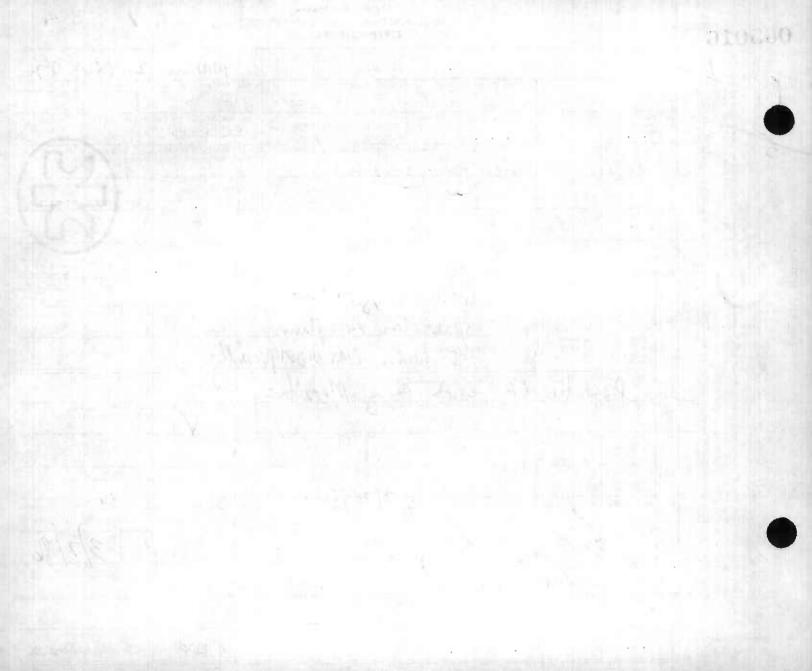
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	- STATE REGISTRAR			ICATE OF DEATH	REG. NO.		136
1,0	DECEASED NAME FIRST	MIDDLE	i,	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL	JBO
1	JAP OR PRINT John	R.	Dav.	is	Monul 7	4.1986 7º	74M
3.3	SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	GF UNDER I YEAR IF UNDER	
	M	В	MONTH	13 11	75 YRS	MONTHS DAYS HOURS	MIN.
Za	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY OR COUNT	TY OF DEATH	
1	S.C.		MARRIE	D NEVER MARRIED	Baltimore		
4	CITY OR TOWN OF DEATH	U.S.A.	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATION	CITY	MD.
10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	522 OK
1	Baltimore		morial Hos	oital	N/A		
13	STATE 136 COU		Y OR TOWN	134 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	DE	
	MARYLAND		TIMORE	YES X NO	1233 E.DARLEY		8
14.	FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
1	JOHN	WIDDLE	DAVIS	FANNIE	MIDDIE	LAST	
160	WAS DECEASED EVER IN U.S. AI		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	BYRD	
		VE WAR OR DATES)			tola hora		
-			-07-2280	RUBY MAL W	inkler 1233 E.D		218
	PART I. DEATH WAS CAUS	nly one couse per line for	101, 161, ogd 6	1200102		APPROXIMATE INTE	DEATH
		TE CAUSE (0)	47101/4/4	X MILLY ST			1,54
		DUE TO, OR AS A C	ONSEQUENICE OF	n I H			
	Conditions, if any, which	(b) 1/PA	nhulan	Arrylhuni			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A	ausehuencesor		M		
-	underlying couse last	DUE TO, OR AS A	Simemic	CARDIDINY	o outh		
	PART 2. ATHER SEGNIFICANT	CONDITIONS CONTRIBL	HING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 110	
Z	Pactori	CA (1)	Ho Poors	Motostons			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USE	D
18						TIFYING CAUSES OF DEAT	
3 5	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJUR	Y	Tale HOW INTURY OCCUR	YES NOT	YES NO	
	000000000000000000000000000000000000000	1100110 1 11 110	ONTH DAY YEAR	210. HOW HAJORY OCCOR	KED (ENTER NATURE OF INJURY IN HEM II	PART (OR PART 2)	
N S	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJU	ORY OFFICE FARM ETC	TH LOCATION	CITY OF TOWN	COUNTY	STATE
1	AT WORK NOT WHILE		2/	b- 601	1	erl .	
	22a 1 certify that (1) (this hasp	ital) predded the decea	sed from	19		. 19 00 , that (I) (we) lost
	sow the deceared plive or obove, (1) (www.did) (did, no	of Aby the body after de	19.40 or	nd that in (my) (our) apinion	death accurred on the date and h	our and from the causes st	ated
	276. SIGNATURE	11 11-11	/- /-	DEGREE		THE DATE FIGNED	11
	MAN (1)	Shall 160	an M	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/11	XL
+	22d PHYSICIAN'S NAME TYPE	OR PRINT)) /	22e ADDRESS	J DIRECTOR J PHISICIAN A		10
	Dr. Timothy Mur	ray M.D.		201 F Unive	rsity Parkway 21	210	
00			I an arrange = = =			.210	
230	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CRY OR TOWN	COUNTY	STATE
-	BURIAL.	3-6-86	BALTI		BALTIMORE	MARYLAI	ND
24	FUNERAL DIRECTOR	7110 1101	ADDRESS.	25a DAT	E REC'D. BY REGISTRAR 256 REGI		1.47
	WM.C.MARCH F/H	INC. 1101 E	. NORTH AVE	NUE N	IAR 4 1986	a Davidson-Rand	Less.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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nn -	01017		REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE			. NO.		
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	IE NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET,	,	L ORPKIIVI)	John		TAT	-		O DE A	F ESTI-	□ 3/	27/19	86 . ,
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11	PAGE PAGE		Baltimo	re	Provid	dent Hospi	tal		FOR MOST OF	WORKING LIFE)		OK III4D	USIKI
\ H_	105987 E					RESIDENCE BEFORE ADMIS		L				01.51	6
8	438880C	13a. S	Md.	Balt.		Balto.		13d. INSIDE CITY LIMITS		Ilman	ATTO	4/4	-
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. 2	長二条9号)〇		FIRST	D/Lo Tilono	MIDDLE	LAST		FIRST		WIDDLE		LAST	
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1	SBXFG		18 CAUSE OF DEA	ATH (Enter only	y one couse per line l							BETWEEN	IMATE INTERVAL ONSET AND DEATH
N S	XWXWXX		TAKITOLAIN		E CAUSE (o)	Se	izure	Disorder		42 0			
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*	**************************************		couse (a) statii	ng the under-	< 1-1	AS A CONSEQUENCE	OF	Company of the Compan		90/27			
201	NA PERSON		lying cause los	<u>+.</u>	(c)								
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2	SE S	MEDICAL	WHILE NO	T WHILE		DRY, FARM, ETC.)		STREET	CITY C	OR TOWN	COL	UNTY	STATE
0	HIS WAR		AT WORK AT	WORK									
	D SE		226. I certify tho	t I took charge	e of the remains desc	ribed above, held an	Autop	sy . Inspec	tion X Inqu	uiry .	and in my ap	oinian	
1	* S S	13	death resulted fro	m: Nature	ol causes X	Accident	ouicide Z	, Homicide	Undetermine	d monner	7.		
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		(SPECIFY)	,	4/3/86				CITY OR TOWN	N	1000		STATE
07/8- 25M	8P	24 F	Burial UNERAL DIRECTOR		4/)/00	Legar	UIII	Cemete	TE REC'D. BY REGIS	timor	e, Md		
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	should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after death
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FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

G	IENS O	-
	REG. NO.	
	20. DATE OF DEATH MONTH DAY YEAR	2b HOUR
	March 4, 1986	7:45pm
	6 AGE (IN YEARS LAST BIRTHDAY) VIF UNDER I YEAR	
	92 YRS MONTHS DAYS	HOURS MIN.
	9 BALTIMORE CITY OR COUNTY OF DEATH	
	BALTIMORE CITY	MD.
	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE WIFE	OF BUSINESS OR
	13. STREET ADDRESS,/ ZIP CODE 1525 Home Stead	#21278
A٨	MĚ	

	(TYPE	OR PRINT)	PATTIE		Н	DAVIS	5		1	Marci	4 4	, 190	16	7:4	SPM
	3 SEX		4	RACE		5. DATE C	F BIRTH		6 AGE INYEA	RS LAST BIRTHE	(YAC	JIF UNDER	I YEAR	IF UNDER	24 HRS
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9) -	NC.		2.5.	A.	MARRIE		ARRIED	BALTI	MORE C	CITY				MD.
1	10. CI	TY OR TOWN OF	DEATH 1		HOSPITAL, NU	RSING HOME C	R OTHER INST	TUTION	12ª USUAL O				IND OF	BUSINE	SSOR
t		BALTIMO	1	UNION	MEMORIA	AL HOSPI	TAL		House	WiF		INDC	SIKI		
	13a. S	L RESIDENCE (F	13b COUNT		13c. CITY OR 1	OWN	13d INSIDE CI	TY LIMITS?	13e.STREET A	DDRESS./ Z	ZIP COD	E	×	6,	
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~	14. FA	THER'S NAME		Davis				MAIDEN NAM	MÉ		1	1./-			
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		18 CAUSE OF D	EATH (Enter only	one couse per	line for 101, 16	, and ic.				11-8		BET	PPROXIA	NATE INTER	VAL DE ATH
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		underlying co		(6)	NAS A CONSE	OULIVEE OF									
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	MEDICAL CERTIFICATION			41	1emia										
7	CAT	19a DATE OF OPI	ERATION	196 CONDI	TION FOR WH	IICH OPERATIO	WAS PERFOR	MED	20a AUTOF			S, WERE			
-	屯								YES [7]	NON		IFYING CA	AUSES	NO [
2	E	210 ACCIDENT WAS	UNDERLYING	216. TIME O			21c. HOW INJ	URY OCCURR	ED (ENTERNATU	IRE OF INJURY I	N ITEM 18	PART I OR P	ART 2)		
7	AL		CAUSE OF DEATH	HOUR A./	M. MONTH		184								
	음	21d INJURY OCC	MEDICAL EXAMINER)	21e PLACE (19	211 LOCATIO	N			-	_		-	
	ME	WHILE NO	T WHILE		EET FACTORY OFF	ICE, FARM, ETC.)	STREET			CITY OR TOWN		COUP	ALA	5	TATE
	1.8		WORK			Feb		V (narch	11	~/			
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		obove, (I) (w	e) (did) (did not	view the body	ofter death		d that in (my) (our) opinian a	feoth occurred	on the date	ond ho		_		ted
	.0	226 SIGNATURE	MAI	1			DEGREE					22 c.	DATES	IGNED	
		A	PI / yeu	mil				TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NA		3/	4/8	6
		22d PHYSICIAN	NAME ITYPE OR				22e ADDRESS					4		la	
		1/	John	1. Serl	emitit) 5	1	Nion	Memor	ial 1	torn	etal	-	Balt	mon
			DAL DENOVAL						23d LOCAT	ION					
	23a B	URIAL, CREMATIC	JN, KEMOVAL	236 DATE	/	13c NAME OF C	EMETERY OR C	REMAIORY		RIOWN		COUNTY			

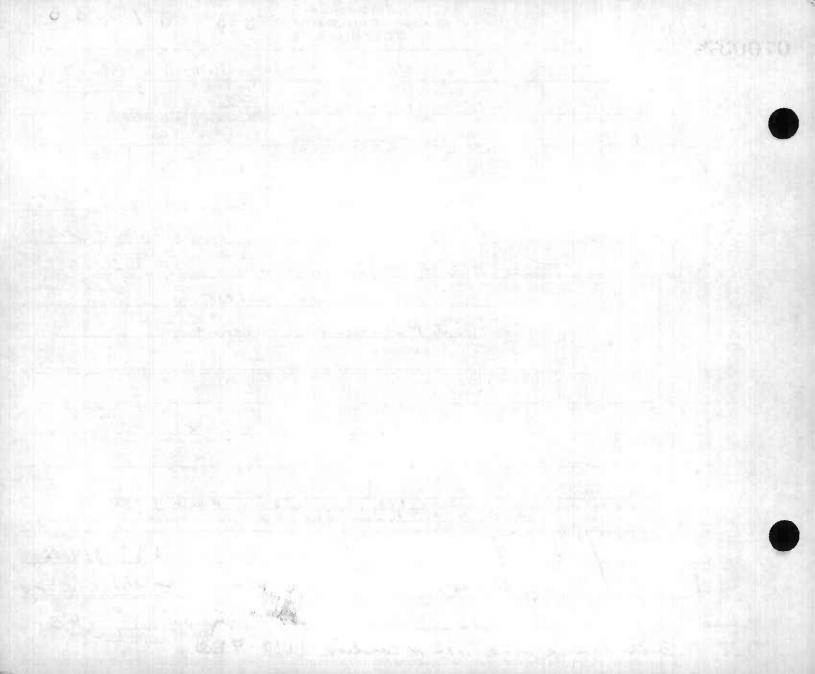
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DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, th

24 FUNERAL DIRECTOR Bette Funeral Home 1129 N. Caroline

250. DATE REC D. BY REGISTRAN IN REGISTRAN LOGAL MORPE CO. MAR 7 1986



(VRA 15, 4)

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			STATE OF MARYLAND	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 4 3 3
\mathbf{n}	-02419		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N REG. N	0
0 0	02110		CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN	
	The same of the sa		PE OR PRINT) OF SCTI	- 1.00
	LEASE CTOR. FILES. FOURS TREET,			3-3/ 1986 PM
	PLEASE ECTOR FILES OUR	3 SEX	MONTH DAY YEAR LAST RIPTUDAY	MONTH DAY YEAR 2d HOUR,
	E SEE SE	1	NEGRO C 9 12 THE MONTHS DAYS HOURS MIN PRONOUNCED DEAD	3-31 1986 7.4)
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	対象は手がつと		OREIGN COUNTRY)	0-1
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	る音が出る人	175	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HELD OR OTHER INSTITUTION 12 USUAL OCCUPATION (TV) FOR ACAT OF WORKING LIFE!	PE OF WORK TIME KIND OF BUSINESS
	Shall A	1 1	alle - GIG Heller Kt Port	Paul
	SE Z DOCE	usuz	AL RESIDENCE (IF IN NURSING HOM) OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ANY SION)	177777
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	日に主義を記録		MIG DATE DULL YES NOR 419 1111	IDINE NA
	Q TOURS	4.E	ATHER'S NAME FIRST MIDDLE LAST MIDDLE MIDDLE	11
	H SHEET	1	ELIZA beth	MAKKIS
	BALTIMORE, MD. 21201 SATER DEATH I FANY GIVE PACES I 2, AND THE FORM PN. 3, BETA PACES I PNES SHOULD VISION OF UNA SECO	184. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANTA. A . ADDRES:	0
	AT BESTE		YES, NO, OR UNANOWN) (IF YES, GIVE WAR OR DATES)	n. Land
	AN AND THE STATE OF THE STATE O		No 21/012573D NOWING WOER 2610	A STATE OF THE STA
	8 2 10V		18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (s)	BETWEEN ONSET AND DEATH
	W. PRESTON ST. WITHIN 24 HOU ENCIL IN ITEM 18 MINER ALCING V REAMSH FREME DITAL HYGIENE		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Houte My o cardial Info	Ans
	O WEGERS		(DUE TO, OR AS A CONSEQUENCE OF	71
	PREST THIN OIL IN ARE AL ANSIT REMO		Conditions, il ony, which	
	- 自己を含る		gove rise to immediate (b)	
	DI W. PI CAMINE CAMINE N. TRAP MENTAL		couse (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
	4 J=W=00		(c)	
	BOVISION OF VITAL RECORDS, SCRPIFICATE SHOULD BE EXECUTED THE WORD "FENDING". RDED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BURE E DEPARTMENT OF HALTH AND TO PRIOR TO BURIAL, CREMATING		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
	PA DION	z		
	L RECORDI ULD BE EXE "PENDING" FF MEDICA ED AS A BL HEALTH AI	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
	SHOULD ORD "PE CHIEF A E USED / T OF HEL URIAL, CURIAL, CURIAL	5	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	F VITAL TE SHOUL WORD "F BE CHIEF BE USE BUT OF H	E		YES NO
	CERTIFICATE SHOULD CERTIFICATE SHOULD DED TO THE CHIEF N DET TO THE CH	1 %	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	A SHEDEL		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
	SION SHOULD SHOULD SHOU	2	CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION	
	DIVISION SERVING MENTING MEN	MEDICAL	WHILE SIREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
		1	AT WORK AT WORK	
			270 Certily that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . O	
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE		270 certily that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	nd in my opinion
	ME WOLL		death resulted from Natural country Accident . Suicide . Homicide . Undetermined monner	
	EXA CERT DILD DIRB WIT		TITLE (SPECIEY)	1/10
-	THE STATE OF THE S		SIGNATURE AND DEFINY MEDICAL EXAMINER	DATE SIGNED 4/2/86
	SER SER	1/		SIGNED
	SEC. TOR	1	EXAMINER'S NAME K. S. AHLUWALIM ADDRESS 2112, Dundelly	Hu fall 21722
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 1 OF UNREAL DIRECT AFTER DEATH, WITH THE PALTIMORE, MARYLANDER, MARYL	-		110 12001 21226
	E M C F C M	730.B	BURIAL, CREMATION, REMOVAL III DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	COUNTY STATE
	BP		purise 715/06 Due 120000 BATE	WILL
	DHMH - 17	23.7	Note to the state of the state	ISTRAR'S SIGNATURE
	DUWH - 1/	V	The June (Home 13004 1) Clentral Com 1 APR 03 1986 Timbe	Darndran Brandon
	(VR A15 ME (5))	1 4		to the fall of the state of

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

La Davidson

24 FUNERAL DIRECTOR Francis J. Collins. Jr.

500 University Blud., W. Silver Spring, Md.

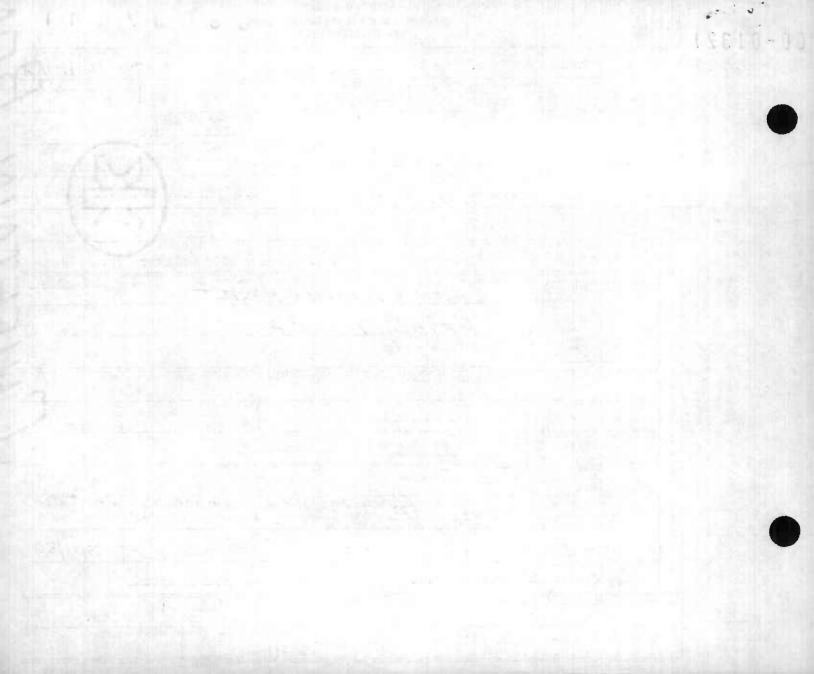
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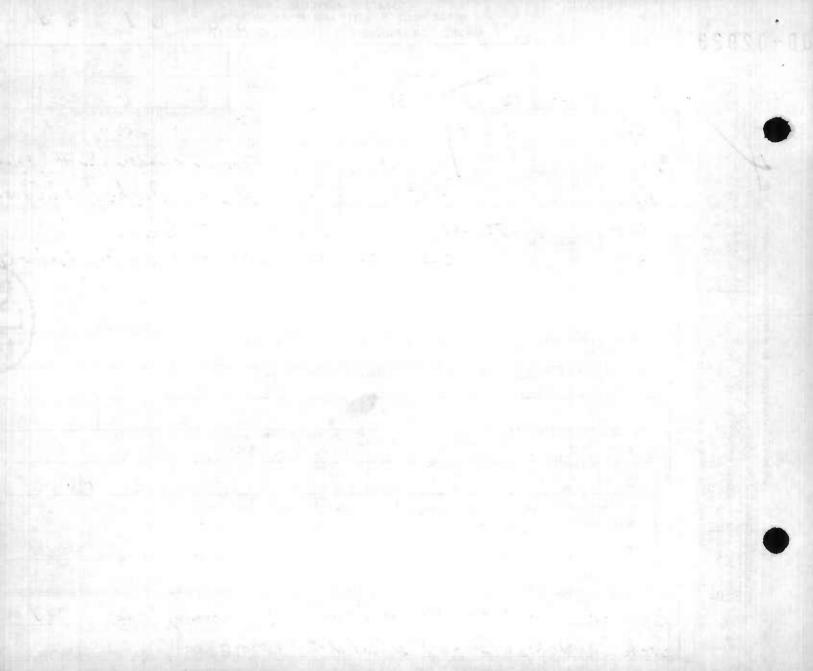
0-00301	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES O 7 4 4 0 REGISTRAR CERTIFICATE OF DEATH REG. NO.											
		EASED NAME	FIRST		MIDDLE	(7	AST	20 DATE OF DEATH		AY YEAR	26 HOUR	
ge 3 leoth	(IIIE)	OK PRINT)	ANNA		C	DELA	SHMUTT	MARCH 12,	1986		6:26 P	
mo di la	3. SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST E		UNDER LYEAR IF UNDER 21 HRS			
oge rection of the same of the		Female		White		May 7,4916 ***		69	YRS			
1. P.		THPLACE ISTATE ary land		76 CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE CITY	OF DEATH	MD.		
No. of the second secon		Y OR TOWN OF	DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ITAL, NURSING HOME OR OTHER INSTITUTION LITY, GIVE STREET ADDRESS) PKINS HOSPITAL			120 USUAL OCCUPATION (17 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
36	lar	yland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOW Baltime	re YES A NO			yle S	21230 t.Balto.Md.		
00 -	14. FA1	HER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDEN		ME		LAS	it to	
1 1 1000		John		D. Thomp						Jenkins		
		AS DECEASED EN		MED FORCES?	166 SOCIAL SECU	17 INFORMANT	ADD	.21206				
be of son o	19	No			213-10-	9640	Susan C. Tay	ylor,5922	Plum	er Av	e.Balto	
hysic paper ovol.	1	18 CAUSE OF DEATH lenter only one couse per line for 10), (b), and is PART I. DEATH WAS CAUSED BY: Cardio pulmmary arrest MINUTES										
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coth co co unot	3	Conditions, if o	inv which	DUE TO, O	ras a conseque	NCE OF	* neumanitis			a man	ths	
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DHMH - 16 60M 7/84 (VRA 15, 4)		NAME			d.21230 130 E.F	ort A		D. A. A. ADOR	440	Eddin-	4.60	

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· O ·	221	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								41	
you.	2 2 1		CEASED NAME FIRS	1	MIDDLE		I.	LAST		DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
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ge 4	12 0		Male	W	White			0-1913		72 YRS. MONTHS DAYS HOURS M				
Po dir	Po Po	Je B	RTHPLACE (STATE OR FOREIG	N 76 CITIZE	76 CITIZEN OF WHAT COUNTRY?			D NEVER MARRIED	9 8	9 BALTIMORE CITY OR COUNTY OF DEATH				
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C . F L			MD	-	Balto. City			YES X NO	5	5908 Walther Ave. 212			6	
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9 p	tem Hem	S AL	(IF EITHER NOTIFY MEDICAL EX	OI DEATH	P.M.		19							
PHY PHY Phis	dor dor	MEDICAL	21d INJURY OCCURRED	LATH	PLACE OF INJUR	RY OFFICE EA	PM-FICT	21f LOCATION		LITY OR TO)WN	COUNTY	STATE	
No the	th or th or orke	1	WHILE NOT WHILE AT WORK				11			1.1	1			
ol or	Heal Heal		220.1 certify that (1) (this haspital) attended the deceased from March 70, 19 86, to March 70, 19 96, that (1) e) last saw the deceased alive an Alarch 19 70, and that in facility appropriate death occurred on the date and hour and from the causes stated											
ATTR	d for t of m 21		obby: (I) (we) (did not wew the body after death.											
TAL OR y the h	detache late Dep		DEGREE ATTENDING MEDICAL STAFF BY DEGREE ATTENDING MEDICAL STAFF BY DEGREE ATTENDING MEDICAL STAFF BY SIGNATURE 1220 DATE SIGNED 3/21/86											
HOSPI Torned b	with the Sta		John Thoma		vecius,	M.D.		22e ADDRESS Unio	on Me	emorial H	ospit	al		
re	v > ₹	23a	BURIAL, CREMATION, REMO					EMETERY OR CREMATO		23d LOCATION		COUNTY Y	STATE	
BP			Entombment		2/86		kwood			Baltimore		Balto.		
DHMH - 16		24 F	John C. Mille	er, Inc	., 6415	Bela	ir Rd	. 21206 1	_	C'D. BY REGISTRAR	25b REGIS	TRAR'S SIGNAT	URE	
(VRA	15, 4)								MAR	2 1 1000	100	100		
										1 1900		Mary Anna	Mando 00	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-Jeffrey DEATH MATED Denson 25 1986 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3 SEX DATE 20 LAST BIRTHDAY) MONTH DAY YEAR PRONOUNCED 2:40 M 23 DEAD 1986 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED Baltimore City, DIVORCED O CITY OR TOWN OF DEATH OR OTHER INSTITUTION 17b. KIND OF BUSINESS Baltimore 3202 Auchentorolv Terrace marina marager USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDE CITY LIMITS? 136 COUNTY 13e STREET ADDRESS YES A 14. FATHER'S NAME 15. MOTHER'S MAIDENLNAME LAST MIRST mercy 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6739 Fox Mes EXAMINER ALONG WI I'AL - TRANSIT PERMITI O MENTAL HYGIENE ON, OR REMOVAII CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Smoke inhalation IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - T EALTH AND MEN CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? MENT OF TO BURI YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FORWARDED TO THE OR: PAGE 3 SHOULD INDERLYING TO HOUR A.M. MONTH DAY YEAR 25 10 86 DEPART CONTRIBUTING CAUSE OF DEATH Subject recovered from house fire 21e PLACE OF INJURY LATHOM 21d INJURY OCCURRED 211. LOCATION PAGE 4 SHOULD BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 WHILE AT WORK apartment fire 3202 Auchentoroly Terrace, Balto. City, MD X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Suicide Hamicide ____ Undetermined monnerXIX Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/25/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY STATE wonds 07/84 25M UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



072184

- STATE

24 FUNERAL DIRECTOR

James S. Kirkley Glen Burnie MD

DHMH - 16 60M 7/84

(VRA 15, 4)

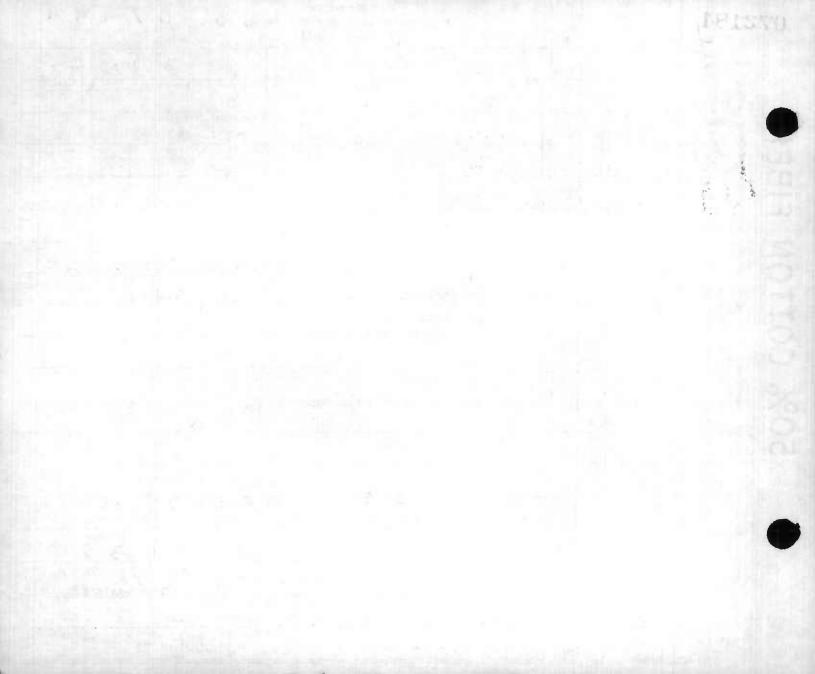
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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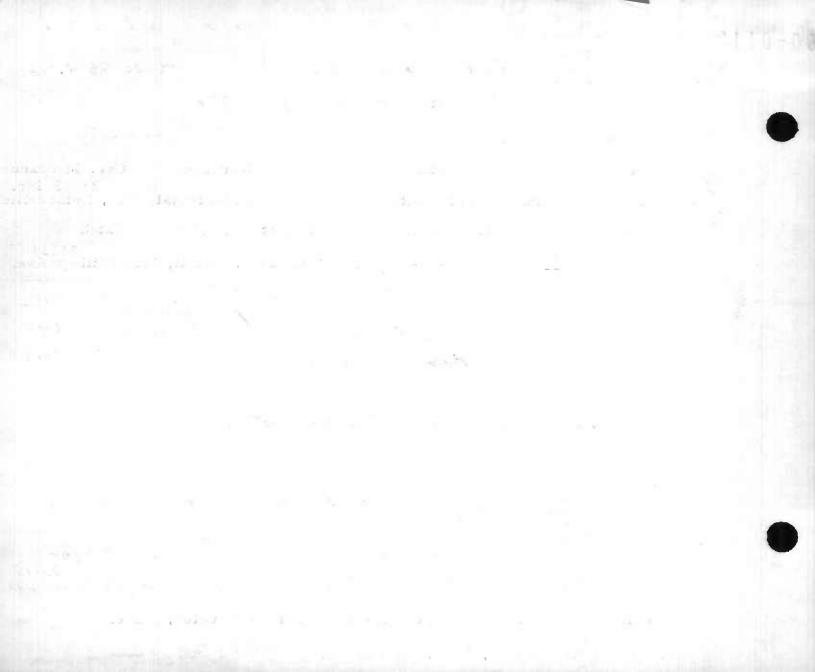
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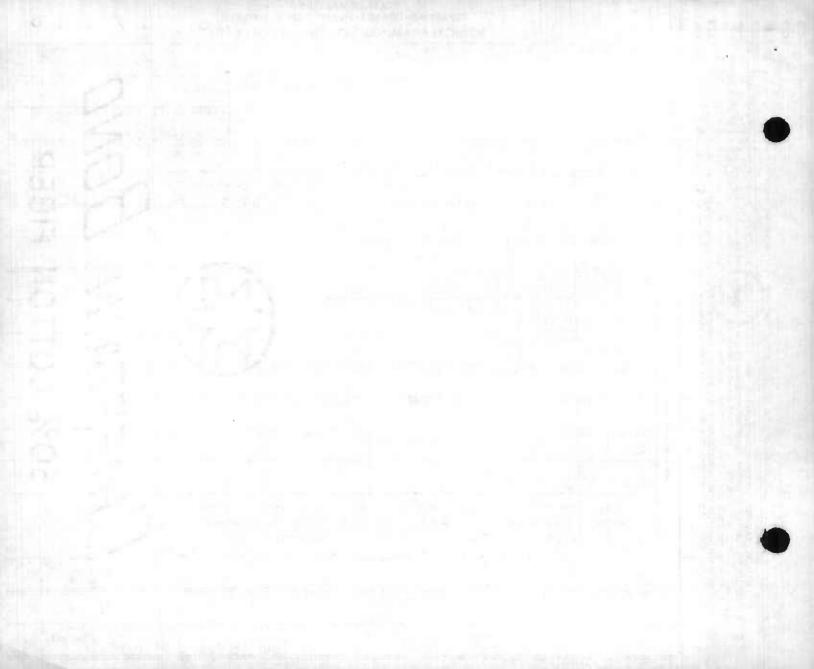
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2 E 4		CEASED NAME JOHN	F	ancis D	ezel	Jr.	20 DATE OF DEATH		U-86	26 HOUR 4/35AM
ge 4 may b	3 SE	Male	4 RACE	White	5 DATE C	F BIRTH - 4 - 27	6 AGE (IN YEARS LAST)	YRS.	IF UNDER 1 YEAR	HOURS MIN.
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10 24 ye	13a. S	Id. Ha	e or other institution DUNTY	13t. CITY OR TOW Lutherv	/N	13d. INSIDE CITY LIMITS? YES NO 🛣	7 Nighter	zip code		093 Md. uthervil
and 2 and 2	1	John	Franci			15. MOTHER'S MAIDEN NA/ Elizabet	h Louis		Hatch	
Pog ce		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN! {IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		Mr. Thomas		RESS 11, 133		0
physicio		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe USED BY: DIATE CAUSE (o)	r line for (a), (b), or	Ca	rdiac Arre	·s7		-	MATE INTERVAL ONSET AND DEATH
quires that the death ce signed by the attendin hen please remaye carb a burial, cremation, ar i jury, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (al, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF	gan failure Sepsis NOT RELATED TO THE TERM	. (Respirato	ry, Rena	2-	
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OR ATTEN he hospital DIRECTOR: ached for us Dept. of He		220.1 certify that (I) (this ho saw the deceased alive above.+H) (we) (did) (did 22b. SIGNATURE	on	3/20 19		DEGREE ATTENDING PHYSICIAN		date and hour		
TO HOSPITAL (retained by the retained by the TO FUNERAL I should be detected with the State I MAPORTANT: IF	23a. {	272 PHYSICIAN'S NAME (TY OHN SURIAL, CREMATION, REMOV	DE OR PRINTO LUCI HZ VAL 236. DATE	230	1/)	1220 ADDRESS (1 120 15 AVIDA EMETERY OR CREMATOR)	AT BELVEN	live Ave	county	21215 move, MU
BP		urial	1/ 3/22/	/86 St.	Fra	ncis Cemeter	y Taunto	n, Ma	ss.	
DHMH - 16 50M 4/83 (VRA 15, 4)	J/2	E. Lowell I	emmon.	WDDMESS	Padon	M	AR 21 198	-	RAR'S SIGNAT	



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] 0 - 0	11150		STATE REGISTRAR			MED	DICAL	EXAMIN	IER'S C	ERTIFIC	CATEO	F DEAT	H	REG. NO.		2011	4.7	9
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	STREET STREET	3. SE)		4 RACE	5. DAT	E OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	IDER I YR.	IF UNDER		DATE	FD	MONTH	DAY	YEAR	8:46
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	PESSI AL		RTHPLACE (S REIGN COUNTRY) ARYLAN		76 CIT	IZEN OF WH		VTRY?	8 MARR	ED NE	VER MARRIE	ED Y	BALTIMO	RE CITY OF	COUNT	Y OF DE	EATH	
	IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS. IW. PRESTON STREET,		TY OR TOWN			U.S			WIDOW		DIVORCE			imore			D 05 011	MD
	FEDER A					NOT IN SUCH FAC	HITY, GIVE S				HON	FOR MO	ST OF WORKIN	NG LIFE	OF WORK		D OF BU	
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SHC.	ASS SE								III		OORIS		H			CLA	YTO:	N
MALTIMORE	AFTER H FOR H SOON	NC	ES, NO. OR UNKNO	D EVER IN U.S. AR				3-60-88		NORN		ICKE	Y 16	ADDRESS 69 N	.FRE	EDO	M W.	AY
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	R DE	/	EXAMINER'S	NAME	Ann	M. Di	von	MID			111 P	onn C	+ 0	2-1+-	MD			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2	73n B	TYPE OR PRI	TION, REMOVAL				NAME OF CE		ADDRESS_		enn S		Balto.	MD.			
07/84	BP 94	(3	BURIAL			24-86		TRUON				23d LOCA	LTIM	ORE	COUP		YLA	ND
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sy be age 3 death			OR PRINT)	Marie	A.		Lementi	20. DATE OF	DEATH MONTH	18 86	4 006 M
pog pog		3 SEX	(4 RAC	E	5. DATE	OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 r			Female	M	White	May		71	YRS.	MONTHS: DATS	HOURS MIN.
A 62	20		RTHPLACE (STATE OR FOREK	GN 7b. CIT	IZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMOR	LITY OR COUN	TY OF DEATH	
UY 10	10		Md.	1	J.S.A.	WIDOW		B	altimor	e City	MD.
	8/		TY OR TOWN OF DEATH	(IF	NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING	LIFE) INDUSTRY	DF BUSINESS OR
	(TISU	Baltimore		cancis Sc		Med. Cen	. Seam	stress	Lami	b Bros.
20 (2) p	35	13a. S	AL RESIDENCE (IF NURS.)	COUNTY Baltin	13c. CITY OF		13d. INSIDE CITY LIMITS?		Old Bat	tle Gro	ove Rd.
	10	14 FA	THER'S NAME	MIDDLE	LA	ST.	15. MOTHER'S MAIDEN I	VAME	MIDDLE		21222
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AORE, execution on a condition of the co	Cedicol	()		J.S. ARMED FO YES, GIVE WAR O	R DATES)	SECURITY NO.	John J.	DiCleme	ADDRESS	chand)	same
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ST.	natic event, th		18 CAUSE OF DEATH (E PART I. DEATH WAS (IMA	MEDIATE CAU		SEQUENCE OF				10	
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Ne lo	2 volument	CERTIFICATION	19a DATE OF OPERATION	19	Pb CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTO	IN CERT	ES, WERE FINDI IFYING CAUSES YES []	NGS USED S OF DEATH?
OF VITAL CIAN: The physician rifficate h al-transit p	2		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI LIF EITHER, NOTIFY MEDICAL EX	E OF DEATH	Ib. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTERNAT	URE OF INJURY IN ITEM TO	PARI (OR PART 2)	
SI + + + + Pu	rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21	B. PLACE OF INJURY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Do ose	ZI is mo		22a I certify that (I) (this saw the deceased a	live an	5-18	cer	nd that in (my) (aur) opinion	on death accurred	3-18 I an the date and he	, 19 8 , our and from the	that (I) (we) last
OR be he be	# Hear		27b. SIGNATURE	(did not) view	the body olter death.	- 1	DEGREE	MEDICAL	STAFF	22c. DATE	SIGNED
HOSPITA bined by FUNERA buld be de th the Stot	PORTANI		122d. PHYSICIAN'S NAME B. M	(TYPE OR PRINT)	es Mi	r	PHYSICIAN 1220. ADDRESS	Haspi	- tul	13//	8/86
of refo	2	23a. E	SURIAL, CREMATION, REM	AOVAL 236.	DATE	23c. NAME OF C	EMETERY OR CREMATOR	y 23d.40CA			
BP			Burial	6	3/21/86	Oak L	awn	Ba	ltimore	COUNTY	Md.
DHMH-16 30M 2/80		24 FI	JNERAL SEHERMUN	iek Fi	ineral Ho	me. In	25a. D	ATE REC'D. BY RE	GISTRAR 25b. REGI	STRAR'S SIGNA	TURE
(VRA 15, 4)			3331 Br	cehms	Lane, Ba	lto. Mo	1. 21213 N	MAR 12 1	1986	Kandon	Mandell

-41

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SSICOLATURE

24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE	OF:	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	7	^	,		(ann	2
O	6	U	/	65	5	1
	REG. NO.					-

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0	1 65	5
1		CEASED NAME FIRST	M	IDDLE	t.	AST	20 DATE OF DEATH		YEAR 2b	HOUR
1	(TYPE	JAME	S	DIDD	LEME	YER	MARCH 16	,1986	5	:37R.M
1	3 SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF U	UNDER I YEAR IF U	NDER 24 HRS
d	1	Male	Cauc		1	17 1913	73	YRS		OKS MIN.
1		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
-		Md.	U.S.	A .	WIDOWE		Baltimor	e City	7	MD.
7		TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND OF BU	SINESSOR
Я	1	Mak. Baltimore		ch Hosp	0 1 7		Machine 0		Can	
7		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
3		Md.	The second second	Baltim		YES X NO			ent St.	21205
		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
3		Jacob		ddlemey	er	Sophia		Fr	ranklir	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT	ADDR			
	- (4	NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	215-05-	5126	Alma Diddl	emeyer 30	36 E.	Monume	
3		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b), and				7 - 3 -	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (a)		CA	RDIOPULMONA	RY ARREST			
Н				R AS A CONSEQUE	NCE OF I	SCHEMIC HEA	ART DISEAS	E AND		
		Conditions, if any, which				RX CHRONIC				
		gove rise to immediate couse to, stating the				PULMONARY I				
		underlying couse lost	1	DEHYDRA					11.5	
	Z	PART 2 OTHER SIGNIFICANT	IN PART 110							
7	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	WERE FINDINGS			
	IFIC	STATE OF THE REAL PROPERTY.	4 500				YES NO YES NO			
	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME O		VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE.	din _	M. MONTH DA	19					
	0									
	0	21d. INJURY OCCURRED	21e PLACE			21f. LOCATION	CITY OR TO)WN	COUNTY	STATE
	MEDICAL	WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F.		21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	MEDI	WHILE NOT WHILE AT WORK	(AT MOME STR	e deceased from N	ARM ETC)	1 16 19 86	5 toMARCH	1_16_, 19	_86 that	(I) (we) lost
	MEDI	WHILE NOT WHILE ON AT WORK 220.1 certify that (1) (this hasp	tal) ottended the	e deceased from	ARM ETC)	STREET	5 toMARCH	1_16_, 19	_86 that	(I) (we) lost
	MEDI	WHILE NOT WHILE AT WORK	tal) ottended the	e deceased from N	ARM ETC)	STREET 1 16 19 86 nd that in (my) (our) apinion DEGREE	5, toMARCH death occurred on the d	1_16_, 19 ote and hour o	_86 that	(I) (we) lost ses stated
	MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp say the deceased alive or blove, (1) we foul (did of the control of	tal) ottended the	e deceased from	ARM ETC)	I 16 19 86 and that in (my) (our) opinion	5 toMARCH	1_16_, 19 ote and hour o	86 that	(I) (we) lost ses stated
	MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp say the deceased alive or blove, (1) we foul (did of the control of	tal) attended the	e deceased from	ARM ETC) ARCH 86.0	STREET 1 16 , 19 86 nd that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STA	1 16 , 19 ote and hour o	86 that	(I) (we) lost ses stated
	MEDI	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasp say the deceased alive or above, (I) Which (I) (did of 276. SIGNATORE	tal) attended the	e deceased from Note Geoth.	ARM ETC)	STREET 1 16 19 86 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS CHUI	MEDICAL STA	1 16 , 19 ate and hour a	286 that and from the could be proposed as the same and the same as the same a	(I) (we) lost ses stated
	23a E	WHILE AT WORK 220.1 certify that (I) (this hasp sow the deceased alive or show, (I) the foliation of the deceased alive or show, (I) the foliation of the deceased alive or show, (I) the foliation of the deceased alive or show, (I) the foliation of the deceased alive or show that the deceased alive or show the deceased alive or show that the deceased alive or show the deceased alive or s	tall attended the	e deceased from Monte Greath	MARCH 86 °	STREET 1 16 19 86 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS CHUI	MEDICAL STA DIRECTOR PHYSIC RCH HOSTIT	ote and hour o	RPORAT	(I) (we) lost ses stated
	23a E	WHILE AL WORK 220. I certify that (I) (this hasp say the deceased alive or book, (I) har faid) (did or 226. SIGNATORE) 22d. Physician's NAME (types)	tall attended the	e deceased from Months Greath. 19 DAVIE GRACE 123.1	MARCH 86 °° E M.I	STREET 1 16 19 86 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS CHUE 122e ADDR	MEDICAL STA DIRECTOR PHYSIC PH	I 16 19 ote and hour o	RPORAT	(l) (we) lost ses stoted NED ION D XXX
	23a E	WHILE AL WORK 270. I certify that (1) (this hasp say the deceased alive or book, (1) the fail (did of 276. SIGNATORE 270. SIGNATORE 270. PHYSICIAN'S NAME (TYPE) BURIAL, CREMATION, REMOVAL	tal) attended the pauling of the pau	e deceased from Months Greath. 19 DAVIE GRACE 123.1	MARCH 86 °° E M.I	STREET 1 16 19 86 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS CHUE 1000 EMETERY OR CREMATORY Heart of J 25a DA1	MEDICAL STA DIRECTOR PHYSIC RCH HOSTI 23d LOCATION CITY OR TOWN	I 16 19 ote and hour o	RPORAT	(l) (we) lost ses stoted NED ION D XXX

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the TO HOSPITAL

BP.

KI. SELTIOOR SHIPCH THE ITE Teld . was making in 2205 and the second of the second o 12 the 10 (...) of 1 th sing will the of 12-2 -7.13 Leave to the state of the state s. dobrewani a Jon 2 10 L. E. Librora et.